

**MIDTERM EVALUATION OF THE OPTIONS
FOR POPULATION POLICY II
(OPTIONS II) PROJECT
(936-3035)**

POPTECH Report No. 94-007-007
September 1994

by

Nancy R. Pielemeier
Eric R. Jensen
Judith R. Seltzer

This evaluation was conducted under the AID-PHS PASA, HRN-6004-P-HI-2057. The report was prepared under the OIH contract with LTS Corporation, 282-92-0067, with assistance in final report preparation provided by the Population Technical Assistance Project.

Prepared for

U.S. Agency for International Development
Bureau for Global Programs, Field Support
and Research
Office of Population
Contract No. CCP-3024-C-00-3011
Project No. 936-3024

Edited and Produced By

Population Technical Assistance Project
1611 North Kent Street
Suite 508
Arlington, VA 22209 USA
Phone: 703/247-8630
Fax: 703/247-8640

TABLE OF CONTENTS

Abbreviations.....	v
Project Identification Data.....	vii
Executive Summary.....	ix
1. Introduction.....	1
1.1 Background.....	1
1.2 Evaluation Methodology.....	1
2. Project Performance.....	3
2.1 Project Scope of Work.....	3
2.2 Summary of Accomplishments.....	3
2.3 Policy Development and Implementation.....	5
2.3.1 Brazil.....	6
2.3.2 Egypt.....	8
2.3.3 Ghana.....	12
2.3.4 Guatemala.....	15
2.3.5 Indonesia.....	18
2.3.6 Jamaica.....	19
2.3.7 Peru.....	21
2.4 Policy Analysis Tools.....	23
2.4.1 Policy Paper Series.....	24
2.4.2 Models.....	29
2.5 Staff Development.....	33
2.5.1 Training.....	33
2.5.2 Observational Travel.....	35
2.5.3 Microcomputer Transfer.....	35
2.6 Policy Communication and Information Dissemination.....	36
2.6.1 Assistance to Developing Countries.....	36
2.6.2 Information Dissemination to International Audiences.....	37
2.7 Additional Project Activities.....	39
2.7.1 Policy Files.....	39
2.7.2 Fellows Program.....	40
2.7.3 Long-term Advisors.....	41

2.8	Emergent Policy Issues.....	41
2.8.1	Decentralization.....	42
2.8.2	Sustainability.....	43
2.8.3	Further Applications of the Private Sector.....	43
2.8.4	Evolving Method Mix.....	44
2.8.5	Medical Barriers.....	44
2.8.6	Feminist Perspectives.....	44
2.9	Internal Evaluation.....	46
3.	Organization and Management.....	49
3.1	Staff.....	49
3.2	Project Management and Reporting.....	50
3.3	Relationships with USAID.....	51
3.4	Relationship between Prime Contractor and Subcontractors.....	53
3.5	Links to Other Projects.....	54
4.	Financial Management.....	55
5.	Impact.....	59
5.1	Consensus Building.....	59
5.2	Strategic Planning.....	60
5.3	Public Sector Resource Commitment.....	63
5.4	Reforming Laws and Regulations.....	63
5.5	Private Sector Resource Commitment.....	64
6.	Recommendations for the Remainder of OPTIONS II.....	67
6.1	Project Focus.....	67
6.2	Quality Control.....	67
6.3	Staffing.....	68
6.4	Communication and Dissemination.....	68
7.	Recommendations for a Future Project.....	69
7.1	Mandate Areas and Emergent Issues.....	69
7.2	Policy Analysis Tools.....	70
7.3	Staff and Consultants.....	70
7.4	OPTIONS and RAPID.....	71
7.5	Project Design Process.....	71

TABLES

Table 1	Summary of OPTIONS II Activities Through FY 93 by Project Mandate Area and Country	4
Table 2	OPTIONS Activities Planned and Undertaken with Staff Qualifications Needed and Available.....	50
Table 3	Cumulative Core and Buy-in Expenditures in Non-priority Countries.....	56
Table 4	Fixed and Variable Costs.....	57
Table 5	OPTIONS Planning Activities	62

APPENDICES

A.	OPTIONS II Midterm Evaluation Scope of Work
B.	List of Contacts
C.	OPTIONS II Regional Workshops
D.	OPTIONS II In-Country and Other Training Activities
E.	OPTIONS II Microcomputer Equipment Transfers
F.	OPTIONS II International Leadership Activities
G.	OPTIONS II Policy Files Information Requests
H.	OPTIONS II Fellows
I.	OPTIONS II Resident Advisors
J.	Evaluation Matrices for, CERPOD, Brazil and Niger
K.	Description of OPTIONS II Activities through FY 93 by Mandate Area and Country
L.	OPTIONS II Organization Chart

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
APROFAM	Asociacion Pro-Bienstar de la Familia de Guatemala (Guatemala)
AVSC	Association for Voluntary Surgical Contraception
BEMFAM	Sociedade Civil Bem-Estar Familiar No Brasil (Brazil)
BKKBN	National Family Planning Coordinating Board (Indonesia)
CA	Cooperating Agency
CAR	Central Asian Republics
CBD	community-based distribution
CDC	Commercial Distribution of Contraceptives Project (Jamaica)
CERPOD	Center for Applied Research on Population and Development
CPC	Carolina Population Center
CTO	cognizant technical officer (USAID)
DEMPROJ	demographic projections model
DGI	Development Group, Inc.
DHS	Demographic and Health Survey
FHI	Family Health International
FPIP	Family Planning Initiatives Project (Jamaica)
FPMD	Family Planning Management Development Project
FPP	family planning policy
FY	Fiscal Year
GOB	Government of Bolivia
GOE	Government of Egypt
GOG	Government of Ghana
HMO	Health Maintenance Organization
IBRD	International Bank for Reconstruction and Development (World Bank)
ICPD	United Nations International Conference on Population and Development
IEC	information, education, and communication
IGSS	Guatemalan Social Security Institute
IMPACT	Innovative Materials for Population Action Project
INANDEP	Instituto Andino de Estudios en Poblacion y Desarrollo (Andean Institute for Studies in Population and Development) (Peru)
INE	National Statistics Institute (Peru)
INOPAL	Operations Research in Family Planning and Maternal-Child Health for Latin America and the Caribbean Project
IPPF	International Planned Parenthood Federation
IUD	intrauterine device
LDC	less developed country
MIS	management information system
MOH	Ministry of Health
MOPH	Ministry of Public Health (Morocco)
NCIH	National Council for International Health
NFPB	National Family Planning Board (Jamaica)
NGO	non-governmental organization

NPC	National Population Council (Ghana and Egypt)
OPTIONS	Options for Population Policy Project
PAA	Population Association of America
PAHO	Pan American Health Organization
PID	project identification document
PIP	Population Information Program
PP	project paper
PRB	Population Reference Bureau
PVO	private voluntary organization
Q Contract	companion requirements contract
RAPID	Resources for the Awareness of Population Impact on Development Project
SOMARC	Social Marketing for Change Project
SPSS	Statistical Package for the Social Sciences
SSPU	Social Sector Policy Unit (Ghana)
STD	sexually transmitted disease
TAG	technical advisory group (USAID)
TIPPS	Technical Information on Population for the Private Sector Project
UI	Urban Institute
U.N.	United Nations
UNFPA	United Nations Population Fund
U.S.	United States
USAID	United States Agency for International Development

PROJECT IDENTIFICATION DATA

1. **Project Title:** Options for Population Policy (OPTIONS) II Project
2. **Scope:** Worldwide
3. **Project Number:** 936-3035
4. **Contract Number:** DPE-3035-C-00-0053-00
DPE-3035-Q-00-0054-00
5. **Project Dates:**

 Agreement Signed: September 1990
 End Date: September 1995
6. **Project Funding:**

 Central Funding: \$12,800,000
 Companion Requirements Funding
 as of September 1993: \$ 7,130,000
7. **Mode of Implementation:** Contract between the Office of Population,
Global Bureau, and the Cooperating
Agency (The Futures Group)
8. **Contractor:** The Futures Group
1050 17th Street, NW, Suite 1000
Washington, DC 20036
9. **Subcontractors:** Population Reference Bureau
Urban Institute
Development Group, Inc.
Carolina Population Center
10. **Responsible USAID Official:** Scott Radloff
G/POP/P&E
11. **Previous Evaluation:** None

EXECUTIVE SUMMARY

Overall Performance

The Options for Population Policy (OPTIONS) II Project is a five-year follow-on to the OPTIONS I project. OPTIONS is part of USAID's overall assistance for the development, implementation, and evaluation of population policies in developing countries. The project is being implemented by The Futures Group and four subcontractors: Population Reference Bureau, Urban Institute, Development Group, Inc., and Carolina Population Center.

After the first three years, the project has carried out activities in 21 countries and three regional areas (Central Asian Republics, the Near East, and the Sahel). The strong demand for the project's involvement is evident by the rate of expenditure and the level of buy-ins (75 percent above what was anticipated). Both USAID Missions and local agencies in developing countries have given high marks to the caliber of the OPTIONS staff, the quality of the project's technical analysis, the project's flexibility and responsiveness, and the collaborative style in working with local counterparts.

OPTIONS II has worked in five mandate areas: 1) building consensus on national population and family planning issues, 2) strategic planning, 3) public sector resource commitment, 4) reforming laws and regulations, and 5) private sector resource commitment. The project's activities are concentrated in two of the five mandate areas—building consensus and strategic planning—although activities have been undertaken in all areas.

In those countries where project efforts have been intensive and of relatively prolonged duration, there is good or promising evidence of impact. In other cases, either because project activities are fairly recent or relatively modest efforts have been undertaken, impact cannot be assessed. In several countries (Ghana, Guatemala, Indonesia, and Jamaica) there has been a combination of interventions, including those classified as planning, over an extended period of time that has led to apparent impact. There are specific examples of positive effects on public sector budgeting and programs in Morocco, The Philippines, Guatemala, and Jamaica and of likely effect in Egypt. Although OPTIONS' work in reforming laws and regulations has been carried out in few countries, the results in Egypt, Guatemala, and Senegal look very promising. The project's work in stimulating private sector resource commitments has had positive impacts in India, Jamaica, and Peru. In the area of consensus building, OPTIONS has contributed to policy development and implementation in many countries and in the Sahel region (by working with CERPOD) through assistance in formulating policies and laws, assistance in developing communication strategies and/or carrying out specific dissemination activities, observational travel, and assistance in preparing for the 1994 International Conference on Population and Development.

In addition to these efforts, a number of USAID Missions cited specific examples of the important contribution OPTIONS II has made to the critical thinking of USAID Mission staff, particularly in the areas of estimating the costs of family planning and strategic planning, as well as in the design of future population assistance (Egypt, Ghana, Guatemala, Jamaica, and Peru).

Among the policy analysis tools that have been developed by OPTIONS II is a series of five policy papers. Four of these address project mandate areas and serve as a useful introduction to the

particular topic. While these papers have been in demand and generally well received, there is little evidence of their use in the field. The work of OPTIONS II on models has largely involved elaboration and application of existing models (Target-cost, contraceptive market model, and QUIPUS). Commendably, project staff has used DHS data in numerous settings, although efforts to transfer data analysis skills to local counterparts, including the completion of a data analysis manual, have been less extensive. OPTIONS has conducted various regional and country-specific training activities. The country training was directed to use of the policy models and DHS data and desk-top publishing. There is some evidence of the effectiveness of training in some policy models and in desk-top publishing.

OPTIONS II's work in the area of policy communication and information dissemination is related to consensus building activities. The development of policy communication strategies as an integral part of OPTIONS' work has occurred in a few settings, and this more comprehensive approach appears to enhance the impact of the project's assistance. OPTIONS II has also sponsored numerous presentations to international leadership groups as well as to USAID Missions, the Office of Population, and other U.S. audiences. The computer-assisted presentations, a hallmark of The Futures Group, are widely considered a strength of both the OPTIONS and RAPID projects.

Long-term advisors have been placed by the project in four countries (Egypt, India, Niger, and Peru) and in all cases these advisors have received enthusiastic support of the USAID Missions. Two activities of the OPTIONS II project, the policy files and the fellows program, which will be shifted to a different policy project in the Office of Population, are considered to have been useful components of the work scope.

OPTIONS staff has addressed several policy issues, including sustainability and medical barriers, that are logical extensions of the project's ongoing work. Given the particular relevance for USAID's population assistance of these two topics, OPTIONS' work is or will be making an important contribution.

Recommendations for the Remainder of OPTIONS II

Given the project has achieved or exceeded most of the quantitative targets for its various deliverables under the contract, OPTIONS II staff should focus on the consolidation of project activities for the remaining one-and-a-half years. While the project has been very responsive to field demand, the overall level of effort needs to be slowed to allow project staff time to concentrate on achieving impact.

While OPTIONS has contributed to the ongoing work on evaluation of policy activities (in collaboration with the Policy Working Group of The EVALUATION Project), opportunities to test the use of various policy indicators have not been pursued as yet. In the remaining life of OPTIONS II, several such pilot efforts should be carried out.

In accordance with the recommendation to consolidate project activities, OPTIONS II should slow down the current rate of expenditure to extend the life of the project as close to the original termination date as possible. This may mean in some cases allowing other CAs to carry out assistance activities that OPTIONS had initiated but which are more tangential to the project's central mandates.

Several areas of quality control require attention by OPTIONS management. These include the need for systematic internal review of documents and constituting a technical advisory group (TAG) to provide external review and oversight.

Although the project is staffed by an impressive cadre of young and middle-level professionals, the mix of professional backgrounds is somewhat limited, especially given the breadth of the project's mandate areas. As a way to broaden the skills mix and to minimize use of core funds, it is recommended that OPTIONS draw on outside consultants rather than hire additional staff persons. Further, some of the increased demand for staff persons, particularly in response to buy-ins, should be met through greater involvement of the staff of the subcontractors.

OPTIONS II should devote attention to validation of two policy models, the Target-cost and the contraceptive market model. Staff should also complete the DHS manual and pursue opportunities to strengthen local analytic abilities to use DHS data.

While the OPTIONS II project has undertaken numerous training activities in selected institutions, some attention should be given in the remaining time to assessing the ability of these institutions to continue use of the newly acquired skills and tools. This may mean looking at the administrative and management capacities of these institutions.

If the OPTIONS II project designs any new country strategies in the remaining time of the project, it should make every effort to include policy communication as an integral part of the assessment and design effort. Further, USAID should work with project management to ensure that a reasonable level of effort will continue to be available for selected international leadership activities and also to improve its communication with CAs and other donors.

Recommendations for a Follow-on Project

Based on the review of OPTIONS activities in many developing countries, it is clear that the need for assistance in population policy development will continue for some time. Many of the USAID priority countries and numerous others are in the throes of implementing national policies and plans with varying degrees of progress. USAID, through its various policy development projects including OPTIONS, has provided much needed assistance. OPTIONS II has provided an impressive level of policy assistance across the project's five mandate areas. In so doing, excellent experience has been gained about the approaches and methods being applied and the continuing need for policy assistance.

A future policy project should continue to focus on the five mandate areas addressed in OPTIONS II. A number of additional issues currently being addressed by the project warrant attention alongside or in the context of the existing mandate areas. The project's nascent experience on the issue of decentralization may, by the end of the project, yield sufficient information (in conjunction with other experiences) to develop training materials and case studies of successful efforts to decentralize population and family planning programs. Similarly, the work on sustainability and use of the demand fulfillment analysis should be pursued in a future project.

Given the current international climate for population policy development, any follow-on to OPTIONS should ensure that women's perspectives and needs are considered alongside demographic objectives of national family planning programs. Incorporating women's groups into the policy process would be a first step. Applying the demand fulfillment analysis to setting program goals is another possible step.

OPTIONS II policy papers and models have potential for application in a follow-on project. Considerable emphasis should be given to using these tools and training to ensure transfer of skills and an independent ability to apply and adapt them. Further, in the interest of sustained use of such skills and tools, a future project may need to place greater emphasis on other aspects of institutional development, such as the management and administrative capacity of these institutions. For example, organizational development—as opposed to the training of individuals and the transfer of technology on specific content issues—may be called for.

On a related issue, a follow-on project should also make a more concerted effort to tap local expertise in order to broaden the number of players in the policy development arena. Such individuals may be identified at institutes of public administration and elsewhere who could be integrally involved in the policy work and over the long term. OPTIONS' work with CERPOD in the Sahel region is a good example of an effort to draw on local expertise.

Two policy projects, OPTIONS and RAPID, have been implemented side by side for a number of years. Their long-term objectives are similar, and a number of their approaches and methods are similar, if not shared. USAID should consider combining these two projects in the future, but not before RAPID is thoroughly evaluated.

Given that OPTIONS II was evaluated without field visits, the evaluation team recommends that the process of designing a follow-on to OPTIONS allow adequate time to assess and plan for future policy needs including visits to several countries where a range of policy activities has been undertaken. USAID should also consider convening several brainstorming meetings with outside senior experts to advise on possible elements and strategies for the future project design. Such efforts should look at the need to broaden the focus to issues beyond the supply of family planning to the demand—or lack thereof—for family planning.

1. INTRODUCTION

1.1 Background

The Options for Population Policy (OPTIONS) II Project is one of four components of the Population Policy Initiatives umbrella project of the U.S. Agency for International Development's (USAID's) Office of Population, initiated in 1985. The OPTIONS II contract was designed to continue successful elements from the first phase of the project which included three separate contracts: 1) provide technical support to national entities responsible for population policy in formulating and implementing population policies (OPTIONS I), 2) enhance host-country institutions' ability to produce and disseminate population information and materials to local leadership groups (IMPACT), and 3) recruit private sector resources for family planning (TIPPS). The orientation of OPTIONS II was shifted from policy formulation to implementation and increased emphasis on policy dissemination and private sector policy negotiations.

The OPTIONS II project is carried out by The Futures Groups and four subcontractors: Population Reference Bureau (PRB), Urban Institute (UI), Development Group, Inc. (DGI), and Carolina Population Center (CPC). The contract was awarded in September 1990 and is scheduled to end in September 1995. OPTIONS II has a core contract budget of \$12.8 million and a companion requirements ("Q") contract for Mission buy-ins. Mission obligations to OPTIONS II, as of December 1993, totaled \$7.1 million.

1.2 Evaluation Methodology

The OPTIONS II contract called for an external evaluation to be conducted by independent experts at mid-term of the project. The evaluation was to assess project organization, management, field work, significant outputs, and overall performance. The evaluation team was composed of Nancy Pielemeier, health policy specialist and team leader, Judith Seltzer, population policy specialist, and Eric Jensen, population economist. The evaluation Scope of Work is attached as Appendix A.

Originally, the evaluation's Scope of Work included visits to two overseas project sites, but these visits were not possible. Interviews and data gathering were limited, therefore, to face-to-face interviews in the Washington, DC area and telephone interviews outside of Washington, DC, including selected countries in which the project has been operating. (See List of Contacts, Appendix B). In addition, the Office of Population sent a cable to USAID Missions asking for comments on the performance and impact of the OPTIONS II project as well as suggestions for the design of the follow-on project. Responses were received from 18 of 21 Missions and three regional areas where the project has been active. The team worked together in Washington, DC for three weeks (October 25–November 12, 1993). The first draft of the report was completed in December 1993 and a revised draft by mid-February 1994. A final draft was completed in April 1994.

2. PROJECT PERFORMANCE

2.1 Project Scope of Work

OPTIONS II was designed with the objective of supporting countries' efforts to formulate implementation policies that mobilize and effectively allocate resources for expanding family planning services. The project was intended to support five key elements:

1. Formulating comprehensive national population policies (four countries)
2. Developing national plans for expanding family planning services (eight countries)
3. Increasing public sector resources allocated to family planning programs (eight countries)
4. Reforming laws and regulations which inhibit family planning services and improving the environment for private sector delivery of services through public sector policy interventions (12 countries)
5. Increasing private sector resources allocated to family planning programs (eight countries)

Additional activities required in the project Scope of Work included support for the following:

- Population policy information files
- A fellows program
- Presentations to international organizations
- International leadership presentations
- Long-term policy advisors

Planned project inputs included

- Staff development (in-country training workshops, observational travel, microcomputer transfer)
- Policy analysis tools (qualitative tools, such as guides and model legislation and quantitative tools, such as demand and supply analyses and financial resource analyses)
- Information dissemination for awareness-raising (in-country policy workshops and materials preparation)

2.2 Summary of Accomplishments

At the time of the mid-term evaluation, OPTIONS II reported having worked in 21 countries and three regional areas (CAR, Sahel [CERPOD] and the Near East). Table 1 shows the project's activities by mandate area and country.

TABLE 1

SUMMARY OF OPTIONS II ACTIVITIES THROUGH FY93 BY PROJECT MANDATE AREA AND COUNTRY					
COUNTRY	MANDATE AREA (NUMBER OF COUNTRIES)				
	BUILDING CONSENSUS ON NATIONAL POPULATION AND FPP ISSUES (4)	PLANNING FOR STRATEGIC DECISION MAKING (8)	INCREASING PUBLIC SECTOR RESOURCES (8)	REFORMING LAWS AND REGULATIONS (12)	INCREASING PRIVATE SECTOR RESOURCES TO FPP (8)
BANGLADESH		√			
BRAZIL		√			√
BOLIVIA		√			
CAR	√	√			
CERPOD	√				
ECUADOR					
EGYPT	√		√	√	
GHANA	√	√	√		
GUATEMALA	√	√		√	√
HAITI	√				
INDIA		√			√
INDONESIA	√	√			√
JAMAICA	√	√	√		√
MADAGASCAR					
MEXICO	√				
MOROCCO		√	√		
NEAR EAST					
NIGER	√	√			
NIGERIA	√	√			√
PERU	√	√			√
PHILIPPINES					√
SENEGAL	√			√	
TURKEY					
YEMEN	√	√			

Sixty-five percent of project activity was reported in two mandate areas: building consensus (corresponding to project element 1, above) and planning for strategic decision-making (corresponding to project element 2, above). Additional activities were conducted in all mandate areas and more activities are planned for the future. In general, the amount of activity undertaken by the project is greater than expected at this stage of the project (reflecting a higher than expected burn rate of core funds and a considerably higher buy-in rate in the companion Q contract than

expected [75 percent above the planned level]). The heavy concentration of activities in two of the five areas, specifically awareness-raising and planning, tends to follow the types of work characteristic of other past and current policy projects (for example, OPTIONS I and RAPID I-IV).

In terms of project inputs, the emphasis has been on the use of technical assistance, in-country workshops, previously developed quantitative tools, and presentation materials. While observational travel has been employed in only a few countries, where it has been employed, it has been very effective. The transfer of microcomputers and equipment has been less than anticipated. The development of new analytical tools, such as five policy papers, has yielded some useful introductory material on four of the five mandate areas. As the project has relied heavily on familiar approaches in carrying out activities in the various mandate areas, OPTIONS II has used existing quantitative tools (such as the Target-cost and contraceptive market models and QUIPUS) as project inputs. These quantitative tools have been enhanced to some extent under OPTIONS II, but progress in this area has generally been slow. (The Demographic and Health Survey [DHS] analysis manual has not been completed.) The reliance on previously developed methodologies and tools during the first three years of OPTIONS II is a reflection both of intensive field demand and of project staff expertise. It is anticipated that new approaches and tools which are currently being developed will be employed more extensively in the latter years of the project. This assumes that the level of project activity will slow down sufficiently to allow project staff to focus on developmental activities, along with implementation of existing methodologies.

USAID Missions' comments on OPTIONS II are highly favorable. Of the 18 Missions that responded to an Office of Population cable about the project, most highlighted one or more of the following:

- Project staff members are of very high caliber (particular praise was accorded to resident advisors).
- Technical analysis is high-quality.
- The project is both flexible and responsive in developing its strategies and project activities.
- Implementation of activities is carried out in a collaborative style, frequently emphasizing the strengthening of local capacity and the transfer of ownership of policy analysis tools.

Finally, USAID Missions in a number of countries (Egypt, Ghana, Guatemala, Jamaica, and Peru) pointed to the usefulness of OPTIONS analytic work for the design of bilateral projects.

In Sections 2.3 to 2.7 that follow, seven country programs, as well as policy analysis tools and additional project activities, will be analyzed in greater depth.

2.3 Policy Development and Implementation

At the suggestion of the Office of Population, the evaluation team selected a sample of countries in which OPTIONS II has been active in order to study the project's achievements in the area of policy development and implementation. The countries selected were chosen to represent a range of types of countries, policy issues, and project inputs. The selected countries include Brazil, Egypt, Ghana, Guatemala, Indonesia, Jamaica, and Peru. (Niger was to have been included in the sample, but the team was unable to contact enough informants in Niger because of communication problems.)

2.3.1 *Brazil*

Although Brazil is a priority country for USAID's population assistance and for OPTIONS II, the level of effort under the OPTIONS project has been modest, and most activities are quite recent. Approximately \$170,000 had been expended for activities in Brazil through September 1993.

Major Policy Issues. Major policy issues in Brazil were identified in an early visit by OPTIONS II to Brazil (February 1992) when OPTIONS staff participated on a team working with USAID/Brazil and other Cooperating Agencies (CAs) to develop a strategy for USAID assistance for the period 1992–2000. The issues include the following major categories of policy issues:

- Distortions in contraceptive practice demonstrated by the fact that over 90% of prevalence is accounted for by pill use and female sterilization. This has negative implications for women's reproductive health, especially since most sterilizations are done in conjunction with cesarean sections in order to comply with legal and reimbursement regulations.
- Consequences of rapid decentralization of the public health system, including inadequate awareness of the importance of family planning at the local level; inadequate preparation of local systems to plan, budget, and administer family planning and health services efficiently; and inadequate financing of local systems and restrictions on public sector contracting with the private sector for service delivery.
- Ineffective dissemination of accurate information on family planning, resulting in poor policy decisions or the unwillingness to make policy decisions, regarding such issues as regulatory barriers affecting supply and provision of contraceptives and family planning services.

OPTIONS Strategy. The OPTIONS II project strategy is embedded in the USAID strategy for Brazil (1992–2000). This strategy focuses on improving the quality of family planning programs for poorly served populations and promoting the sustainability of family planning in appropriate delivery systems. Programs supporting the strategy are focused on two states of the Northeast, Bahia and Ceara. Issues of policy reform and information dissemination are among the limited activities with a broader geographic focus envisioned in the strategy. OPTIONS II was identified in the strategic design process as the agency of choice to address regulatory barriers on imports and policy issues; develop communication activities to strengthen political commitment to family planning; work with the states of Ceara and Bahia to help develop indicators/goals and establish coordinating mechanisms for state-level programs; and provide technical assistance for budgeting for the family planning programs of the states of Ceara and Bahia.

Because of delays in the initiation of project activities due to staff changes and other reasons, OPTIONS staff further refined the project strategy in Brazil to include the following approaches: involving the private and public sectors in strategic planning; promoting greater use of data in policy and program development; encouraging participation of the commercial sector in family planning service delivery, providing a large potential market for new commodities, especially IUDs; working

with the commercial sector to develop cost-effective ways to deliver family planning; and hiring local consultants to assist with OPTIONS II activities.

In Brazil, project collaboration with other CAs includes cooperation with The Population Council, The EVALUATION Project, the PROFIT Project, the Data for Decision Making Project, and the International Planned Parenthood Federation (IPPF).

OPTIONS Activities. Among ongoing OPTIONS project activities in Brazil is research on service delivery by a private, for-profit Health Maintenance Organization (HMO), PROMEDICA (began in October 1991), in collaboration with INOPAL II, to study postpartum family planning services. This activity preceded development of the USAID/Brazil strategy and is independent of other project activities. In early 1993, planning for OPTIONS II activities related to its role in the USAID strategy began. In July 1993, a subcontract was signed with the IPPF affiliate, BEMFAM, to carry out dissemination activities (based on the results of the 1991 DHS survey in the Northeast).

In September 1993, a strategic planning process began in Ceara with a short two-and-one-half-day training workshop followed by a longer session which continued for approximately six weeks. Preliminary discussions have taken place regarding a similar strategic planning process in Bahia (beginning January 1993).

The Brazil team intends to identify, during the planning process, those legislative and regulatory barriers most critical to achieving USAID objectives. In response to country counterparts' interests and concerns, project staff believes that it makes the most sense to address financing and other issues to be included in the strategic planning process in the context of the health sector and not through family planning alone.

The experience with strategic planning in Brazil has been unique because it is the first time the project has attempted to apply the policy paper developed for this purpose. Although the paper was translated into Portuguese, it has not really been used because the local consultant hired to lead the process preferred to use another model with which he was familiar. It is believed the model was introduced by The Pan American Health Organization (PAHO) and disseminated in Brazil through courses at the National School of Public Health. The evaluators were not able to obtain copies of the guidelines and manuals used in Ceara, and it appears that project headquarters staff provided little oversight for the process carried out in Ceara.

Potential concerns with the approach used and/or the execution of the process include the level of the participants involved in the process (mid-, not upper-level, management), and the lengthy time required for planning (six weeks without reaching completion). According to participants in the process, there was a lack of concordance between the objectives of the State Health Department (which was to produce an operational plan for implementation of another donor project) and those of the project (which was to produce a broader strategic plan). In addition, the scope of the exercise was broadened during the process to encompass women's health in addition to family planning. Participants interviewed expressed the need for additional assistance in group process and health planning (as the local consultant is not from the health sector), possibly to include specialist assistance in organization of services and human resources.

Overall Significance and Impact. OPTIONS activities in Brazil are limited in level of effort given the size and complexity of the country and the policy issues. For this reason alone it would be difficult to attribute impact to the project. In addition, progress has been delayed by slow start-up, due in

part to staff turnover. For these reasons, few results are visible as yet. Some progress has been achieved in the area of dissemination of population policy information.

While activities in Brazil are too recent to discuss real impact, there are a number of aspects the project should monitor carefully in order to maximize the potential for ultimate impact. Specifically, project staff should evaluate the strategic planning model and monitor the process of the strategic planning experience.

Issues for the Future. In addition to monitoring this strategic planning process, OPTIONS II should periodically re-examine the project strategy in view of new information or changes in the environment. For example, the USAID/Brazil cable responding to the request for information for the evaluation raised issues of health care reform, the need for public-private partnerships and for alternative models, and issues of health care financing which go beyond the focus of current project activities.

The country team has begun to plan a health care financing symposium for next year. This is one approach which can be used to explore the broader contextual issues which are important in the Brazil setting. This and other approaches should be developed to further define the legal and regulatory issues inhibiting service delivery. A new look should be taken at ways to improve both public sector resource allocation and private sector participation in family planning service delivery if it is found that the exercise in strategic planning has become an end in itself. Broader policy issues may need to be addressed requiring other avenues to policy dialogue with the public sector in order to ease the control on private initiatives.

2.3.2 Egypt

Egypt is a priority country for USAID assistance and is also a priority for OPTIONS assistance with a planned budget over the life of the project estimated at \$1.2 million. Of this amount, the Mission has funded a buy-in of \$693,302 (August 1991–March 1994) and a second buy-in is being negotiated for approximately \$200,000 over two years. An amount of \$221,000 has been expended from the core budget and \$516,000 from the buy-in budget through September 1993. OPTIONS has been working with the USAID Mission in Cairo and Egyptian institutions for several years beginning under the OPTIONS I project in 1989 and continuing under OPTIONS II.

Major Policy Issues. The main policy issues identified by OPTIONS in consultation with the USAID Mission include

- Building on existing political commitment at national and ministerial levels for family planning including the allocation of more government resources.
- Shifting to greater independence of donor support for family planning.
- Developing recognition among government leaders of the private sector's potential role in generating and meeting demand for family planning services, thereby lessening the public sector's burden.
- Creating a favorable legal and regulatory environment for improved access to a wider range of methods in addition to the pill and intrauterine device (IUD).
- Improving the quality of public sector service delivery.
- Expanding the capacity for (and appreciation of) data collection and policy analysis at national and governorate levels.

OPTIONS Strategy. OPTIONS strategy in Egypt addresses various key policy issues noted above and also covers four of the five key mandate areas defined by the project including building consensus on national population and family planning program issues, increasing both public sector and private sector resources, and reforming laws and regulations. Several factors have influenced the strategy:

- The need to plan carefully for an impending phase-out of USAID funding for contraceptive commodities
- USAID Mission plans to develop a new bilateral project
- Ineffective collaboration between the Government of Egypt's (GOE's) service delivery program in the Ministry of Health (MOH) and the national population policy institution, the National Population Council (NPC)
- The need to strengthen the NPC's managerial and technical effectiveness

OPTIONS Activities. Specific OPTIONS activities in Egypt by mandate area include the following:

- Building Political Commitment.
 - * Design of a high-level presentation, "Strengthening Egypt's Population Program"¹
 - * Assistance to the NPC in the development of the 1992–1996 Five-year Plan
 - * Assistance through a resident advisor to the GOE in preparing for the 1994 U.N. International Conference on Population and Development (ICPD) by preparing a monograph on Egypt's fertility transition and future programmatic challenges

Under OPTIONS I, assistance was provided to the NPC in drafting a new population policy and updating the population plan for its remaining two years.

- Public Sector Resource Allocation.
 - * A series of public sector cost studies were carried out showing a declining fraction of public sector costs supported by the GOE coupled with an increasing reliance on donor support. Under the auspices of the NPC, the results were presented to ministerial-level officials. Additional planned analysis includes a price elasticity study.
 - * A market segmentation study using the 1988 and 1992 Egyptian Demographic and Health Surveys will be conducted to help target public sector resources and examine the role of the private sector as USAID phases out contraceptive supply.
- Supporting the Private Sector. A study is being conducted of the costs of service delivery in the private sector to enhance understanding of the total costs of family planning and the relative efficiencies of the public and the private sectors.

¹The NPC, with support from RAPID, has given this presentation to various audiences including members of the People's Assembly and Governors. RAPID is also conducting a comprehensive study of the costs and benefits to Egypt of reduced population growth. This effort includes the preparation of a monograph, a briefing booklet, and a visual presentation for the 1994 International Conference on Population and Development.

- Creating a Supportive Legal and Regulatory Environment. An analysis has been conducted of the legal and regulatory environment affecting family planning in Egypt. (Mission staff noted with some chagrin that this report was sent four months after the field work had been completed.) Depending on data availability, the effects on contraceptive use of removing several medical barriers may also be examined.

In addition to the above activities, OPTIONS conducted two evaluations of ongoing projects as well as economic and financial analyses that were used in the design of the Population and Family Planning III bilateral project. Evaluations were carried out of the USAID-funded Governors' Council of Women in Development and Family Planning Project and of the NPC's Institutional Development Project. The former project was conceived as a way to increase the involvement of these Councils and women in improving the quality of public sector family planning services. The latter project was designed to strengthen the capacity for policy analysis through a decentralized structure among 20 governorates.

Most OPTIONS activities have involved carrying out studies and presenting the results of these analyses to Egyptian leaders. OPTIONS staff and consultants (under subcontracts with E. Petrich and Associates and the Urban Institute) have worked very effectively with the USAID Mission staff, host-country counterparts from a range of service delivery organizations, and the NPC. Most of OPTIONS' work has been carried out through short-term expatriate technical assistance. OPTIONS has supported a resident advisor since June 1993. As mentioned above, this work will largely assist the GOE's preparations for the ICPD. OPTIONS assistance in Egypt has not supported observational travel, the transfer of microcomputers, or in-country or other training activities, although complementary assistance provided by RAPID may involve some of these assistance elements. Technical assistance for the remaining studies will continue to be provided by OPTIONS staff and consultants, and a local counterpart agency will assist with one study.

Overall Significance and Impact. Throughout the period of OPTIONS involvement, the USAID Mission staff has been the principal architect of assistance efforts. While some among the OPTIONS staff would like to see a more comprehensive role for OPTIONS in policy implementation, it is clear that the Mission has relied on the project's staff for critical analytical work that is shaping both the future USAID assistance package (through the Population/Family Planning III bilateral project) as well as the thinking of key GOE officials. A superficial review of OPTIONS' work suggests an overly dispersed set of activities, but there is a logic and coherence to OPTIONS' work that nevertheless addresses Egypt's key policy issues. The strategy and activities being supported are wide ranging but at this point not truly comprehensive. The presence of a resident advisor may improve this situation if he has the freedom to assist in the design and implementation of future policy work under the new bilateral project. The overall significance of OPTIONS activities appears to be very considerable. There are already concrete results from some of the activities, and others are anticipated. Some of the results are difficult to measure, although a process has been set in motion that over time should benefit the program. The impact of OPTIONS assistance on the Egyptian family planning program can be seen in various ways:

- The presentation, "Strengthening Egypt's Population Program," highlights the need for the GOE to set a national goal of a two-child family. This presentation was followed by an announcement on Egyptian television of a two-child target by the year 2005.²

²According to USAID/Cairo Mission staff, the GOE has not published any official document that mentions a two-child policy, but the media continue to refer to it.

- The cost studies have demonstrated to both GOE officials and USAID staff the essential importance of measuring costs. The results of these studies have been used extensively in planning for the long-term sustainability of the Egyptian program. Further, the cost studies which have been conducted annually since 1988–89 have institutionalized the capacity of some service delivery organizations to collect relevant cost data.
- Analysis of the legal and regulatory barriers is anticipated to contribute to changing policies and practices. One change reported by Mission staff that may have been stimulated by the OPTIONS study was the GOE's recent decision to permit distribution of injectables through public and private sector delivery channels.³
- Assistance for the development of national, regional, and local plans was effective in bringing together staff of the NPC and various ministries to review relevant data and analysis and discuss population targets and priorities.

Issues for the Future. In the course of interviews with key informants about the Egyptian program, a few issues were raised that merit attention for future OPTIONS assistance to Egypt:

- Planned Work of the OPTIONS Resident Advisor. A plea was made that the monograph on Egypt for the ICPD not become an academic exercise but that the agencies responsible for implementing possible recommendations in the report be involved as the report is being prepared. Further, it was suggested that the new USAID bilateral project could be used as leverage to help implement the recommendations. Another suggestion was made that the resident advisor should play a larger role in implementation of future OPTIONS activities, especially in building links among key Egyptian actors.
- Involvement of Egyptian Consultants. In reviewing staff and subcontractors that have carried out OPTIONS' work in Egypt, it is apparent that most assistance has been provided by expatriates. While this assistance has been of the highest caliber and greatly valued, efforts to draw on Egyptian expertise have been minimal. Given the critical need to strengthen the NPC, future OPTIONS assistance should stress the identification and involvement (and on-the-job training if needed) of local consultants to bring good Egyptian talent into the population policy arena.⁴ One suggestion of a more general nature made to the evaluation team was that a database on Egyptian consultants should be prepared that would involve some "head hunting" to find the appropriate professionals possessing a range of skills who could help implement Egypt's program.

³One Egyptian official interviewed expressed concern that this decision may have been made without sufficient consensus building among key leadership groups (including the conservative medical establishment). He was concerned about a possible backlash that might lessen the positive impact of the change.

⁴This is an appropriate time for such a change given that a key staff member at the Urban Institute has taken a leave of absence and will no longer be available to OPTIONS.

- USAID Bilateral Project. The Mission should work closely with the OPTIONS resident advisor in planning policy work under the new bilateral to ensure a comprehensive approach to future assistance.

2.3.3 *Ghana*

Ghana is a priority country for USAID assistance and is also a priority for OPTIONS assistance. The planned budget for OPTIONS activities (February 1993–September 1995) is \$1,115,000 of which 80 percent is being funded through a buy-in. The amount of \$216,000 has been expended from the core budget and \$157,000 from the buy-in through September 1993. The development of OPTIONS' role in Ghana began in 1991, builds on the assistance provided by the IMPACT and RAPID projects, and has been guided by a 1990 comprehensive policy analysis.⁵

Although Ghana has had a national population policy since 1969, severe economic problems and lack of political support rendered the policy moribund. The political climate for population programs has improved significantly in recent years as evidenced by interest in revising the national policy and implementing Ghana's family planning program.

Major Policy Issues. The principal policy issues as spelled out in the 1991 bilateral Family Planning and Health Program with the Government of Ghana (GOG) include the following:

- The need for national population policy review (to update the old policy)
- Ineffective coordination among institutions working on population issues
- The lack of coordinated planning for national population policy implementation
- Legal and regulatory constraints to the expansion of family planning services
- The need for policy analysis and continued information dissemination

The bilateral agreement ties the disbursement of funds to the GOG to specific policy achievements.

OPTIONS Strategy. The strategy developed by OPTIONS addresses these policy issues and is also designed to help the GOG meet its policy commitments. The strategy covers four OPTIONS mandate areas and includes the following activities:

- Strategic Planning. With the objectives of developing a national plan to expand family planning and conducting associated policy dialogue, OPTIONS is providing technical assistance to the National Population Council (NPC) through its interim Secretariat staff at the Social Sector Policy Unit (SSPU) of the Ministry of Finance. This assistance is intended to strengthen the institutional capacity of the interim Secretariat as it evolves into a permanent secretariat for the NPC. Strategic planning is being used to strengthen the NPC's role as coordinator and monitor of the national population program and to help the interim Secretariat articulate a national population

⁵A broad review of family planning and health issues was conducted in late 1989 at the request of the USAID Mission. The report of this study, "Ghana Family Planning and Health Policy, Legal, Regulatory, Institutional and Economic Issues and Opportunities" was issued in January 1990. Although issued by the SOMARC II Project, SOMARC's role appears to have been largely a convenient funding mechanism. Several staff persons from The Futures Group and other consultants considered knowledgeable about policy, legal, and regulatory issues participated in the study.

implementation plan. A strategic planning workshop was held in August 1993 that involved NPC staff and 11 implementing agencies.

In the future, OPTIONS will help the interim Secretariat to develop presentations on priority issues identified in the strategic planning workshop for each of the NPC's Technical Advisory Committees. It will also help carry out a study on the current process of decentralization in Ghana. The results of this study will be used to guide the NPC's role at the local level.

- **Increasing Public Sector Resources.** OPTIONS sponsored training for the interim Secretariat in February 1993 in the use of the Target-cost model to analyze fertility objectives in the revised population policy and to estimate the cost of meeting these objectives.
- **Facilitating Regulatory Reform.** Although no work has been carried out in this area by OPTIONS to date, the interim Secretariat is funding a study of the reclassification of low-dose oral contraceptives which would affect who is permitted to distribute pills. A review of legal and regulatory issues was conducted as part of a broader 1990 study mentioned above and contains various recommendations that remain salient.
- **Building Consensus.** OPTIONS is providing assistance to enhance the dissemination and use of policy research and information. Through a two-year subcontract with the Population Impact Project (PIP) at the University of Ghana at Legon (signed in September 1993), OPTIONS is supporting a series of seminars with key decision makers as well as the publication of policy booklets and a media campaign. Training in desk-top publishing has been provided to increase PIP's capacity to produce materials locally, and related equipment has also been provided.

The work plan for OPTIONS assistance has been expanded recently to provide additional support to the NPC and SSPU. For example, a long-term local research coordinator is being funded to assist in bringing research results from the current bilateral Family Planning and Health Bilateral Program into the larger policy dialogue, and more study tours for NPC staff will be supported. In addition to the above work, OPTIONS staff recently assisted the USAID Priority Country Strategy team that is developing a population sector strategy for Ghana in preparation for the development of a new bilateral population project.⁶

Despite the institutional weakness in Ghana's population policy setting, the country has a number of senior, very capable and committed actors in the population policy arena. These individuals have directed the renewed policy dialogue underway in Ghana. OPTIONS' work over the past year is viewed by these individuals and others very favorably and as having been critical for strengthening the GOG's institutional capability to implement the new policy. Staff from both The Futures Group and subcontractors (PRB and CPC) is seen as being exceptionally responsive to local priorities and to the USAID Mission's needs and as having contributed to the Mission's strategic thinking about the future of USAID population assistance. The level of effort and the frequency of staff travel to Ghana have increased dramatically in the last year and will likely remain fairly high given the

⁶The draft strategy (dated September 1993) continues to give prominence to improving the policy environment by deepening political commitment, strengthening the coordinating capacity of the NPC, and reforming the regulatory environment and customary practices.

planned activities and the project's enhanced role in strengthening the coordination and monitoring of the NPC.

Overall Significance and Impact. OPTIONS is playing a significant, supportive role in population policy development in Ghana and has clearly facilitated a much-valued process of policy dialogue and consensus building as the national policy was revised and plans made for its implementation. For the most part, concrete examples of the impact of OPTIONS' work do not yet exist, although the process that it is supporting is widely recognized and applauded.⁷ Whether OPTIONS assistance in institution strengthening of the NPC will be sufficient is yet to be seen. Further, whether this assistance will in turn have positive implications for improved service delivery is also an open question. OPTIONS and previous USAID assistance to the PIP project have clearly had a impact by increasing local capacity and have helped that project become a vital actor in Ghana's population policy development.

Issues for the Future.

- **Level and Type of Technical Assistance.** In view of the recent increases in planned OPTIONS assistance to Ghana, several issues should be considered. First, is the project reaching a level of involvement that merits a resident advisor who might actually sit within the NPC Secretariat?⁸ At the same time, there is concern that the NPC/SSPU staff persons who are overextended in their regular work are becoming too dependent on OPTIONS assistance and that increased outside support for ongoing activities may actually undercut efforts to build local capacity. Third, there is a sense that local consultants from Ghanaian universities (not only at Legon) and other institutions (such as the Ghana Institute for Management and Public Administration) could be engaged quite productively in the policy work. In fact, the Scope of Work for the buy-in to OPTIONS urges use of local consultants as much as possible instead of international consultants. Fourth, there is also a need to draw on more senior outside advisors—particularly those with long experience in monitoring and evaluating family planning service delivery in rural areas (e.g., Bangladesh).
- **Decentralization.** Among the new issues emerging from Ghana's rapidly changing political and administrative setting is an emphasis on decentralizing authority and resources to the local level. OPTIONS is beginning to respond to this new challenge in Ghana as in other countries in the region. There is a sense that decentralization is a promising avenue for strengthening capacity at the district and local levels. Assuming useful results are forthcoming from the planned study of decentralization, additional expertise and effort may be needed to address this area.
- **Link to Service Delivery.** OPTIONS assistance is addressing what might be considered the more classical issues and approaches to policy development in Ghana. This is clearly the role that Ghanaian and USAID officials defined for OPTIONS. However, there is some concern that the impact on service delivery may not be forthcoming. As

⁷In fact, a World Bank official responsible for assistance to Ghana congratulated the initiative of OPTIONS staff in seeking Bank support for further policy work, particularly to support decentralization efforts. This official expressed optimism about the likelihood of Bank funding.

⁸OPTIONS is currently funding a full-time local consultant (Liberian economist) who assists with the interim Secretariat's work and the USAID bilateral project.

the new bilateral project is developed, more thought may need to be given to the links between policy and service delivery.

- Subcontract with PIP. While the work scope for the subcontract is clearly defined, it may be advisable to allow some flexibility in the list of deliverables so that PIP can respond to new opportunities. For example, as the new DHS results become available, PIP should be able to use and promote the results. Also, PIP may find publication of a Ghanaian data sheet to be a useful information tool. Further, assuming plans for decentralization materialize, more effort in adapting the RAPID model for use at district and regional levels may be called for.⁹

2.3.4 Guatemala

The level of effort provided to Guatemala has been considerable. Approximately \$260,000 has been expended from core funds and another \$286,000 is planned from bilateral assistance of which \$150,000 has been spent.

Major Policy Issues. The main policy issues in Guatemala are of long standing: opposition to family planning by the Roman Catholic Church and problems of access, particularly by the Mayan population. The access issues are accentuated by discrimination, issues of cultural diversity, and gender. Related issues are lack of information and choice, lack of official government support, and lack of provider willingness to increase emphasis on and visibility of family planning, given the controversy which surrounds it.

OPTIONS Strategy. The OPTIONS II strategy developed at the outset of the current project is based on activities undertaken during OPTIONS I and includes increasing support among national leaders for a population policy supportive of family planning, improving collaborative planning among the organizations providing family planning services, and supporting the development of family planning through the Guatemalan Social Security Institute (IGSS).

OPTIONS Activities. OPTIONS activities ongoing and planned in support of this strategy are summarized below:

- Increasing Support.
 - * A computer graphic StoryBoard presentation on child survival and unmet need was developed for APROFAM based on existing data. This presentation was used by the vice minister of health at the 1990 Central American Conference on Safe Motherhood and has subsequently been used for in-country presentations.
 - * Observational travel was arranged for key officials of the new government to travel to Mexico and Ecuador in October 1991 to observe population programs in countries with and without explicit national policies. As a result of these visits, the vice minister of health invited the secretary general of the Mexican National

⁹RAPID IV is currently providing technical assistance to update the 1988 Ghana RAPID model and to add regional information and displays. Although PIP has requested additional assistance from RAPID to construct regional models, budget and time constraints will probably preclude this help.

Population Council to speak at a symposium in Guatemala on population issues in January 1992.

- * The APROFAM information dissemination strategy and technical capacity was strengthened through progressive steps, including the development of a dissemination strategy, strengthening of staff capacity to produce materials and presentations, the transfer of equipment to improve production capabilities, and production of policy-maker newsletters and a policy debriefing booklet on the RAPID model.
- Joint Planning. OPTIONS provided technical inputs to and facilitated quarterly meetings of the major service providers to improve the quality of planning and complementarity among family planning organizations. Subjects covered at various workshops and meetings included training in the use of the Target-cost model, discussion of the goals and objectives of the national family planning program, implications of the structure of the health services delivery system for family planning, estimation of the magnitude of unmet demand and the appropriate method mix, and the consequences of specific regulations of government health services delivery on improving access to family planning services. OPTIONS also conducted an in-depth analysis of current and future demographic trends and family planning service demand entitled, "Perspectivas de la Planificación Familiar: 1990–2010," which provided the data and analytical basis for the USAID/Guatemala family planning bilateral project.
- Providing Services through the Guatemalan Social Security Institute.
 - * OPTIONS conducted a survey of IGSS beneficiaries on reproductive health and contraceptive knowledge and use, disseminated the results in the service areas, and sponsored additional study tours for doctors to observe family planning programs at the Mexican Social Security Institute.
 - * The project developed a strategy for strengthened planning for expanded service delivery.
 - * The project developed a computer graphic presentation for the IGSS president and Executive Board to gain approval for the implementation of a Reproductive and Family Planning Unit and made presentations to the Board.

Project activities were continued under a second Mission buy-in which stressed consolidation of consensus among leadership and introduction of a new mandate area: legal and regulatory reform. These activities are summarized below:

- Consolidate consensus among leadership for family planning. The project supported the IGSS research team to conduct a two-day seminar on reproductive health and family planning to present results of the IGSS survey, discuss international experience of the provision of family planning in social security institutes, and present the new IGSS Reproductive Health Program. OPTIONS worked with The Association for Voluntary Surgical Contraception (AVSC) to arrange for provision of technical assistance to IGSS by that organization and operationalize the introduction of family planning services in IGSS facilities.

- Conduct a legal and regulatory review of family planning provider attitudes and practices. A three-week survey of 110 health providers was conducted to measure attitudes and practices toward family planning and the results were published entitled, "Assessment of Medical Barriers to Family Planning Programs in Guatemala," which revealed significant barriers to the provision of family planning services. The recommendations of this study will be pursued under a third Mission buy-in.
- Support the introduction of a population law into Congress. The Mexican Population Council provided technical assistance to the Guatemalan parliamentary group to formulate and introduce a law. The parliamentary group traveled to Mexico to finalize the draft law and discuss strategies to build consensus for the law. The law was introduced in October 1992 and passed both houses of Parliament but was subsequently vetoed by the president under pressure from the Catholic Church.

A third Mission buy-in is currently pending for support of additional international study tours, regulatory reforms, activities to reduce medical operational barriers, and special studies.

As the above summary of activities indicates, OPTIONS' involvement in Guatemala is an example of a well-planned and well-executed program made possible by an adequate level of effort due to a combination of core funding and Mission buy-ins. The mix of activities was consistent with policy needs and an explicit project strategy. The technical assistance was consistent and provided by well-qualified individuals who were uniformly praised by individuals interviewed by the evaluation team.

Overall Significance and Impact. Results of OPTIONS interventions in Guatemala are observable and significant, resulting from a combination of factors. These include continuity of program over a sufficient period of time with the involvement of a consistent technical assistance team and flexibility and rapid response based on in-depth understanding of the political climate. Specific program impacts that can be directly attributed to project inputs include the following:

- Public funds were allocated to cover the operational costs of the family planning program of the Ministry of Health.
- A Mission bilateral project was developed on the basis of data and analysis performed by the project.
- The IGSS obtained authorization from the director of Medical Services for the provision of family planning services within IGSS.
- The IGSS obtained approval to commence an IUD program in the capital city's two IGSS hospitals.
- OPTIONS worked with AVSC to arrange for the provision of technical assistance to IGSS by that organization to operationalize the introduction of family planning services in IGSS facilities.
- A population law was passed by Congress, and, while it was ultimately vetoed, the awareness-raising resulted in continued momentum to introduce a national population policy, if not by law, by executive decree or other means.
- The overall climate for discussion of and debate on family planning issues has clearly improved.

Issues for the Future. While substantial progress has been made in population policy development in Guatemala, numerous respondents stressed that difficult issues lie ahead. These include barriers to increased service delivery (including access obstacles such as locale and hours) which are correlated with cofactors of gender and ethnicity. The issue of access of native populations to family planning services presents an additional set of policy issues to the population community in Guatemala. The second constellation of thorny issues remaining concerns the continual dialogue necessary to neutralize, or at least minimize, the disinformation activities of the Catholic Church. Approaches to this policy problem may include direct dialogue with Church officials.

2.3.5 Indonesia

OPTIONS' work in Indonesia, considered a priority country by USAID and OPTIONS II, has been supported by about \$195,000 in core funds through September 1993.

Major Policy Issues and OPTIONS Activities. The main policy issues and OPTIONS II efforts are closely intertwined. Project efforts in Indonesia began in May 1992 when OPTIONS staff participated on a project design team helping the Mission develop a population and family planning assistance strategy. The team identified several policy issues, including potential incentives for coercive behavior built into demographic targeting, heavy reliance by the National Family Planning Coordinating Board (BKKBN) on pill usage (and correspondingly low incidence of sterilization) and public sector supply sources, the need to expand the role of the private sector, the lack of knowledge regarding public sector recurrent costs, and unresolved questions on optimal contraceptive pricing and market segmentation. The public sector is very successful in Indonesia, serving about 80% of users in a country with over 47% modern method prevalence. The private sector does less spectacularly and apparently suffers from occasional supply problems. This may be one reason that an earlier USAID-funded project aimed at jump-starting contraceptive social marketing, the "Blue Circle" campaign, enjoyed mixed success. In part to capitalize on the existing distribution mechanism, BKKBN is introducing a "Gold Circle" program which is essentially community-based distribution (CBD), and which sells, as part of a larger product line, repackaged Blue Circle products.

OPTIONS Strategy. The project initially focused upon two tasks: presenting a DHS-based analysis of contraceptive method mix targeted to the demographic characteristics of potential users which would yield replacement level and analyzing the market effects, particularly upon Blue Circle products, of the Gold Circle campaign. Both of these activities fall clearly within the OPTIONS mandate by helping to plan for strategic decision making and analyzing the allocation of private sector resources devoted to family planning. The timing of this work had both good and bad elements. OPTIONS staff was not the first to undertake the DHS-based replacement analysis, as the staff of the East-West Population Center had already presented its model of "appropriate method" to BKKBN. As events unfolded, worries of a year and a half ago about the negative effects of Gold Circle upon Blue Circle products have been rendered moot by the effective abandonment of Blue Circle by BKKBN.

Showing good flexibility, OPTIONS II staff switched gears by subsequently developing a model of "demand fulfillment." The BKKBN staff had apparently been thinking about a similar concept, which it referred to as "client satisfaction," but was having trouble making it operational. Demand fulfillment is essentially a program goal-setting tool based on women's preferences rather than

demographic targeting and relies on DHS data to impute these preferences. This work is appealing because it can provide a decentralized management goal to replace (or at least largely supplant) demographic targeting, and sources familiar with its application were uniformly laudatory. The plan apparently is to apply the technique at a provincial level. A potentially serious problem with this notion is that sampling errors in the Outer Islands are quite large, reflecting the relatively small populations there. The planned degree of decentralization therefore may not be supported by the DHS data used to run the model. Some explicit provision for dealing with this contingency should be developed before the model is applied to small populations.

Planned future assistance includes developing strategies to increase the use of sterilization, apparently in response to Mission requests. The explicit assumptions motivating the planned assistance are that the present lack of demand for sterilization is due to poor information among potential consumers and a lack of economic incentives exists for potential suppliers. However, the permissibility of sterilization according to the Koran is a deeply sensitive issue in Indonesia, and the population leadership within the Government of Indonesia has evinced no desire to pursue this avenue. None of the respondents to the team's survey were optimistic about the prospects for change in this area.

Overall Significance and Impact. The development of the demand fulfillment model, especially if it proceeds through planned future regional training sessions, is a good example of how OPTIONS II has adapted its analytic tools to a specific setting. The institution-building and ownership aspects of the project are also clear. The impact upon service delivery measured in the most narrow prevalence terms is less clear. It may be the case that prevalence will decrease (there is some evidence that this is happening already). A decrease in the short run may be desirable, however, due to quality of care and range of choice enhancements.

Issues for the Future. An unresolved issue in Indonesia is the need for method mix changes over time. BKKBN leadership has been resistant to suggestions that overall fertility reduction goals cannot be met simply by increasing prevalence rates. Mission efforts have been directed in part at enforcing the notion that, while extremely high prevalence rates perhaps could result in continued fertility decline, the current method mix, predominantly comprised of resupply methods, is at best an expensive way to attain the goal. An untapped research opportunity would seem to be the Gold Circle campaign which provides a wide range of methods and price levels in essentially a CBD format. Observing individual choices in a situation with a range of choices available to users provides both the opportunity to test the feasibility of real-world implementation of demand fulfillment, at least to the extent that users are informed of the relative merits of methods for their situations, and an opportunity to examine issues of demand elasticity and willingness to pay.

2.3.6 Jamaica

While Jamaica is not a priority for USAID/Washington, it is a priority for USAID/Jamaica and OPTIONS II. The overall budget for OPTIONS activities in Jamaica is nearly \$1.5 million of which \$1.3 million has come from buy-ins. (The amount of \$393,078 has been expended from buy-ins, and \$170,000 has come from core funding through September 1993.)

Major Policy Issues. As in Indonesia, OPTIONS II staff participated on a USAID project design team and the major policy issues were identified during this exercise. The bilateral project is known

as the Family Planning Initiatives Project (FPIP). USAID is in the process of phasing out population assistance to the Government of Jamaica. The process will be completed by 1998, which is roughly concurrent with the withdrawal of United Nations Population Fund (UNFPA) and International Bank for Reconstruction and Development (World Bank) population assistance. Emphasis, therefore, is on strengthening local institutions. The National Family Planning Board (NFPB), a governmental agency, distributes the vast majority of family planning commodities in Jamaica. A general thrust of FPIP was to increase private sector participation in family planning delivery. Along these lines, one specific requirement of FPIP was that the NFPB divest its social marketing project, the Commercial Distribution of Contraceptives Project (CDC). A second goal of FPIP is to increase the use of long-term methods.

OPTIONS Strategy. The project's Scope of Work for Jamaica covers the following OPTIONS mandate areas: strategic planning to expand family planning services, expansion of the private sector in family planning provision, and advocacy to increase public sector support of family planning. The Scope of Work also laid out a coordinating role between CAs for OPTIONS II.

- Strategic Planning. OPTIONS II developed background materials to assist with the development of a strategic plan for the NFPB. The five-year plan helped rank the actions needed to move toward sustainability. Credit is clearly due to OPTIONS II staff for making certain the plan was drafted. Internal planning capability at NFPB is being developed with OPTIONS II-provided training in analytic modeling. This work was generally quite well received, and NFPB staff expressed confidence in its ability to execute the tasks it was being taught. Some faint criticism was offered of the relatively low level of some of the strategic planning teaching.
- Private Sector Expansion. OPTIONS II began work in Jamaica at roughly the time that SOMARC II was ending. There was a need to perform a SOMARC-type function, however, in the sale to a private sector buyer of the CDC. OPTIONS stepped in and did this job and very well to all appearances. OPTIONS II is also in the process of mapping service delivery points in Jamaica. There are plans to examine supply constraints once the data gathering part of this undertaking is completed, in part by combining the map with the results of an ongoing survey of private physicians. This work is not sufficiently complete to have generated much response from those interviewed, although some good things were said about the training provided to NFPB staff as part of the mapping project. Demand-side issues are being addressed through focus group studies of potential users.
- Advocacy. OPTIONS II has acted largely as a facilitator in this area, and it is therefore difficult to pin down its strategy or impacts. Several pieces of computer equipment to facilitate desk-top publishing and presentations have been distributed.
- Coordination. At Mission request, OPTIONS has served as the "lead CA," coordinating to as great an extent as possible the activities of other CAs working in Jamaica. There have been quarterly staff meetings in Washington as well as circulation of trip reports and other less formal contacts. By all accounts, the project has functioned very well in this role. OPTIONS II has also done a good job of collaborating with other CAs on projects. Two examples include the focus group research, which is a joint venture with

SOMARC, and OPTIONS II's collaboration with AVSC and The Population Council on a seminar on no-scalpel vasectomy and NORPLANT® implants.

Overall Significance and Impact. OPTIONS staff played an important role in the divestiture of CDC. Its role in the development of a strategic plan at NFPB was also large. Its role as "lead CA" in Jamaica drew uniform praise. OPTIONS II in Jamaica was described by one respondent as a "can-do organization," and this is clearly fitting praise. The private sector expansion work is not sufficiently developed to have been commented upon by the survey respondents. However, the training aspect of the planning exercise and the sense of ownership which it conveys were uniformly praised by respondents.

Issues for the Future. Planned future work seems to focus on training for strategic planning, particularly in the use of analytic tools like the Target-cost model, and work on private sector provision of family planning. The team recommends that OPTIONS be encouraged to continue the transfer of ownership of tools to NFPB in preparation for the withdrawal of USAID population funding.

2.3.7 Peru

Peru is a priority for USAID and OPTIONS II and nearly \$375,000 has been expended from core funds for activities in Peru through September 1993.

Major Policy Issues. A National Population Council was created in 1980 in Peru, a population policy law was passed in 1985, and a population program has been formulated for 1991–95. The program, however, relies almost exclusively on external resources, ostensibly because of immediate financial, economic, and security problems. Respondents interviewed mentioned the lack of access to top levels of government and the lack of effective lobbying for government resources as major weaknesses of the National Population Council. Another policy constraint to the effective provision of family planning services in Peru is that sterilization is not recognized or regulated as a means of contraception.

The USAID/Peru Mission strategy focuses on program support for family planning services, including information, education, and communication (IEC) and reinforcement of public services, to enable them to meet the high demand for family planning services of the low income population. The low income population has the highest fertility rates and lowest rates of prevalence of modern contraceptive methods. Recently a new Private Sector Family Planning Project has been developed by USAID/Peru.

OPTIONS Strategy. The strategy used by OPTIONS in Peru has been largely one of responding to opportunities as they arise. It was explained by evaluation respondents that this pragmatic approach has been justified because of the weakness of the National Population Council and the need to find alternative approaches to make in-roads in population policy. In addition, the project was constrained by not being allowed to work with the Peruvian government during much of the project period due to political issues and prohibitions of the U.S. government. The pragmatic approach adopted has been possible because of the availability of an OPTIONS staff member resident in Peru and the availability of qualified local consultants who can respond to USAID needs, as well as to opportunities identified by the local staff. Project staff describes the range of *ad hoc*

activities OPTIONS staff and consultants have been called upon to carry out as "non-project assistance."

The fluid project strategy has allowed for extensive collaboration with other CAs including the following: INOPAL II (market segmentation of family planning supply and demand), DHS (design of questionnaire), SOMARC (market segmentation), Development Associates (coordinating entity for the USAID/Peru Family Planning Implementation Plan), and PROFIT (review of PROFIT's evaluation of the USAID/Peru private voluntary organization [PVO] family planning project, at the request of USAID/Peru).

OPTIONS Activities. OPTIONS activities in Peru include the following:

- Supplied technical assistance to USAID in preparation of the project identification document (PID) and the project paper (PP) for the new Commercial Family Planning Project, specifically by defining methodologies for establishing the target population, selection of companies, and benchmarks to evaluate project progress.
- Provided a summary of TIPPS project activities.
- Developed a prototype market segmentation analysis using DHS data from one survey region and presented the results in Peru and Washington.
- Developed a work plan for the demand analysis of a market segmentation analysis.
- Assisted the National Statistics Institute (INE) and a private research organization, Instituto Andino de Estudios en Poblacion y Desarrollo (INANDEP), to develop a proposal to complete a longitudinal analysis of changes in the proximate determinants of fertility at the national and regional levels.
- With INANDEP, carried out an analysis of demand for appropriate contraception at the national and regional levels using DHS data and conducted a one-week training workshop for the Lima region.
- Sponsored three participants to the Latin American Symposium of Family Planning.
- Employed the QUIPUS model to develop a realistic set of service delivery objectives for the entire health sector, specifying prevalence targets and suggesting user objectives and appropriate method mix for each subsector at national, regional, and provincial levels (calling for a shift toward longer-lasting methods and an expansion of services in rural areas). Future MOH activities will be determined in coordination with other CA assistance in logistics and management.
- Promoted sector-wide planning and interinstitutional dialogue through secondary analyses of DHS data to reveal the extent and nature of demand and unmet need for contraception at the regional level and estimated potential caseloads for the public and private sectors. These activities form part of a larger market segmentation exercise to determine the supply of and demand for methods and service outlets (training decision-makers in microcomputer analysis techniques and interpretation of data for decision

making). OPTIONS supervised analysis of regional data results in a report written and circulated by the workshop director and supervised a final seminar held in the region, "Report of Advances."

- Will finance an advisor to the Presidential Commission for the 1994 U.N. International Conference on Population and Development in Cairo.
- Will continue with regional demand analyses from the DHS.

In summary, OPTIONS in Peru has assisted with analysis of existing data sets; "bottom-up" strategic planning, focusing on demand analysis; and application of a "top-down" information system for family planning service delivery.

Overall Significance and Impact. Evaluation respondents gave the project high marks on its work in data analysis, commenting that in Peru the project is known for data analysis capability. This capability is identified largely with the resident advisor and more recently with the local consultants trained by OPTIONS. Project analyses have had observable impact on Mission programs.

In the area of training for regional planning and decision making, USAID/Peru recognizes a need for increased local capacity to conceive and plan population policies and programs, perhaps resulting in increased resources for private and public family planning services, as well as increased public and private sector collaboration through participation of both sectors in the strategic planning workshops. Some questions were raised by evaluation respondents regarding the training strategy used for the regional workshops, including questions of selection, follow-up, and application of skills acquired. One recommendation suggested that the analysis workshops be followed up by broader strategic planning activities in the regions.

In regard to the QUIPUS model, several issues were raised about the application of the model which in turn raise questions about its potential for impact. The model approach of establishing targets centrally for service providers in the regions would appear to conflict with the trend toward increasing decentralization. Respondents also pointed out that the process used in target setting is a passive one and not part of a collaborative planning process in which actors buy in to decisions. These issues notwithstanding, the project was praised for the high degree of technology transfer in this area. Local counterparts have been able to successfully operate the system without external assistance. (During this period, OPTIONS was constrained from providing technical assistance.)

In sum, while the project has achieved a number of successes in Peru as a result of various interventions undertaken in this "targets of opportunity" program, a step back at this stage in the project might allow OPTIONS to reformulate its strategy in view of changing circumstances in the country and lessons learned by the project in other settings.

2.4 Policy Analysis Tools

OPTIONS II has prepared a number of policy analysis tools including five issues of a policy paper series. Four of these papers address the project's mandate areas. According to the results of bounceback questionnaires regarding the first three papers, respondents (about 10 percent of the mailing list) have found the papers relevant to their work. Requests for additional copies of the

papers also indicate that they are popular. Among USAID/Washington and CA staff interviewed, several people commented on the usefulness of the first two policy paper issues as well as the Strategic Planning Checklist. There was little evidence of use of the papers in the field, although four have been published in 1993 and one is about to be published. The bounceback questionnaire asked respondents only how they intended to use the materials not how they actually had used them. The evaluation team concluded that these papers serve as useful introductions to particular mandate areas but that some level of technical assistance would be required to pursue policy work in any of the areas.

2.4.1 Policy Paper Series

No. 1 "Assessing Legal and Regulatory Reform in Family Planning: Manual of Legal and Regulatory Reform." This first paper in the OPTIONS policy paper series was published in January 1993. It addresses one of the project's five mandate areas: working with governments to reform laws and regulations that inhibit the use and provision of contraceptive methods.

The manual gives an overview and context for understanding regulatory issues, provides guidance to analyze the issues, and suggests ways that reform can be achieved. It includes a checklist that covers the principal regulations and policies that affect both private and public sector services. The manual builds on earlier work conducted by OPTIONS I, SOMARC, the World Bank, and the Urban Institute. These earlier studies are referenced in the paper.

The manual has been well received by USAID staff. While the team did not assess the use of the manual by host-country counterparts, it seems a good introduction when coupled with two country studies (Ghana and Egypt).¹⁰ However, it is unlikely that a thorough analysis of the legal and regulatory issues could be conducted solely on the basis of the manual and these two studies. These materials provide little on the methodology used for the assessments¹¹ (specifically what data are needed and how to obtain them). Further, while the manual discusses the need to ascertain differences in what laws and regulations are "on the books" and actual practices, neither of the studies makes it clear whether or how such differences were determined.

OPTIONS has focused on provider regulations, practices, and attitudes as a component to its legal and regulatory analysis. This area, known as "medical barriers," has received much emphasis at the USAID Office of Population in the last two years. OPTIONS carried out a study of regulations and medical procedures in Senegal (1991)¹² and in Guatemala (1992)¹³ and is now working with Family Health International (FHI) on a study in Jamaica that assesses medical barriers, among

¹⁰In addition, as part of the OPTIONS policy assessment for Nigeria (Private and Public Service Systems for Family Planning), there is a table summarizing legal, regulatory, and medical policy issues to be addressed at the state level. Presumably this summary will guide future OPTIONS work in Nigeria. Also, a November 1992 report entitled, "Assessment of Medical Barriers to Family Planning Programs in Guatemala," refers to a separate assessment of legal and regulatory barriers in Guatemala and an agenda for policy reform. Apparently this separate analysis was not performed.

¹¹Neither the Ghana nor the Egypt study includes a section on methodology, although both refer to laws and regulations that are on the books as well as practices.

¹²Public health officials, managers, and providers were interviewed to assess practices and attitudes toward family planning.

¹³In Guatemala, a survey of health providers was conducted to examine their attitudes and to identify discrepancies between the current norms and practices.

other topics, in a survey of private physicians. The Senegal and Guatemala studies include a copy of the questionnaire in the report which helps others interested in conducting similar assessments.

Office of Population staff has been impressed with the initiative taken by OPTIONS in this area. An additional example of this effort is a short briefing paper, "Policy Approaches to the Removal of Medical Barriers: Improving Quality of Care and Increasing Access to Family Planning Services," that was prepared for a June 1992 meeting with Cooperating Agencies and was subsequently published (November 1992) for use by USAID Missions and CAs. OPTIONS is also working on a checklist of medical policies and procedures that serve as barriers to family planning. Despite the perceived importance of assessing legal and regulatory issues and medical barriers (12 such analyses were anticipated in the contract), relatively few applications of this work have been conducted in the project's first three years. Project staff noted that another such study had been conducted in Madagascar, but with SEATS funding, and that India may be the site for an assessment.

Conclusions: OPTIONS has prepared useful introductory papers on the legal and regulatory issues as well as on medical policies and procedures that serve as barriers to family planning. Several country studies have been conducted on these topics that provide additional guidance to those interested in applying the analyses elsewhere. Independent assessments would be difficult to carry out without more information on the methodology used and some level of OPTIONS staff assistance.

Recommendations: OPTIONS should look for additional opportunities to apply its analysis of legal and regulatory issues as well as medical policies and procedures. In any future work and where feasible, OPTIONS should emphasize the importance of host-country counterparts planning and conducting much of the analysis with minimal outside assistance. Further, greater effort should be taken in describing the methodology used in each country study so that others wishing to conduct these assessments could do so independently.

No. 2 "Strategic Planning for the Expansion of Family Planning." This paper was published in February 1993 responding to the mandate area: developing national plans for expanding family planning services. This element of the project was further explained in the OPTIONS II contract as follows:

National family planning programs today are confronted with serious resource mobilization issues, owing to increasing demand for family planning services and static or declining levels of donor resources. A first step in dealing with these issues is raising awareness among leadership groups that resources must be marshalled to respond to growing demand for services. OPTIONS II will support these activities in eight countries.

The paper defines sector-level strategic planning as a five-step process. These steps include **assessment** of the current situation, **identification** of alternative program approaches, **review and ranking** of the program approaches, **commitment** to an action plan for implementation, and **agreement** on arrangements for monitoring and evaluating programs. The document emphasizes the critical importance of involvement of all players in the planning process.

The paper identifies the types of questions to be asked in the process of assessment and the types of data and analytical tools to be used in the process. It discusses means to identify and present alternative programmatic paths to achieving goals identified at the end of the assessment process,

focusing on listing the feasible family planning delivery modes, describing feasible alternative expansion paths, and considering non-quantifiable factors which could affect the expansion of services. The third stage of selecting the alternative program approach focuses largely on the involvement of all decision-makers and the use of real-life examples of the alternatives. The final stages of developing a plan of action and follow-up activities focus on the importance of specifying the roles of each participating agency in these plans.

The policy paper also includes a "Strategic Planning Checklist" which is meant to assist USAID staff and its Cooperating Agencies in thinking comprehensively about population and family planning programs. (The Strategic Planning Checklist was first published as a separate item in June 1992.) An appendix, "Illustrative Planning Matrix," illustrates the data needed for planning for monitoring and evaluation.

Comments on the document during the evaluation revealed that several USAID Missions found the document useful in preparing country strategies or in developing bilateral family planning projects (in Guatemala and Egypt, for example). For USAID, the "Strategic Planning Checklist" appears to have been the most useful part of the document. As for use of the document for sector-level strategic planning, the one situation in which a classical strategic planning exercise was organized, in the state of Ceara in Brazil, the document was not considered detailed enough to be used as a guideline for the process. As a result, another methodology, which provided a format for specific exercises and detailed instructions for use, was used by the local consultant. (See Section 2.3.1.)

According to project staff persons who were involved in developing the concept, the conceptual models for sector-level strategic planning include the sector analysis approach used by the World Bank and the Program Review and Strategy Development approach of the United Nations Population Fund. The policy paper, however, was developed in the absence of any real experience with strategic planning at the sector level. OPTIONS staff had experience with other planning models, specifically urban and regional planning experience, and it was from this base that the emphasis on consensus building and drawing in of various actors was taken.

As the above summary indicates, the focus of the policy paper was restricted to a narrow definition of family planning, emphasizing the supply side. In retrospect, the main author of the policy paper regretted the narrowness of the focus. He believes it would be useful to do needs assessments at a broader sectoral level in order to take into account the wider reproductive health and other demand side issues. (Interestingly, one of the most extensive project field experiences with strategic planning, in the Brazilian state of Ceara, has in fact focused on the issue of women's health, very broadly defined.)

Conclusions and Recommendations: The strategic planning policy paper was an initial attempt to describe a process of sector-level strategic planning for family planning. This document is useful as an introduction but is not detailed enough to be used as a guideline for conducting a strategic planning exercise, as the experience in Brazil has shown. OPTIONS staff persons who have used the paper in other settings have also noted its limitations as a tool for actually carrying out strategic planning. The complexity of carrying out a full sector-level strategic planning exercise (including both supply- and demand-side analyses) should not be underestimated. Before undertaking other such exercises, and before preparing the necessary detailed guidelines and manuals (which are needed before such an exercise can be carried out adequately), the project should evaluate carefully the experience in Ceara, Brazil. This evaluation should include a thorough examination of

the methodology used in that experience, other existing methodologies, as well as the results and impact of experiences with alternate methodologies.

No. 3 "Policy Issues in Expanding Private Sector Family Planning." This paper, published in April 1993, is aimed squarely at the project mandate area and was written by OPTIONS staff deeply familiar with the issues. It consists of an introductory section on the rationale for expanding private sector participation, an overview of existing constraints to private sector expansion, and discussions of priority policy objectives, potential means of attaining them, and monitoring and evaluation issues. While the paper garnered no strong reactions, positive or negative, from our respondents, it does a generally good job of accomplishing what it sets out to do. The section describing constraints seems redundant because the next section of the paper discusses the workable constraints as policy objectives. The overview of intractable constraints (e.g., the overall economic environment) in this section brings little to a discussion of potential family planning policies. However, following sections of the paper are useful sketches of the general principles underlying the implementation of undertakings designed to increase private sector participation in family planning.

The following five potential objectives are described:

- Reduce government competition with the private sector.
- Increase governments' awareness of how to use the private sector.
- Eliminate legal and regulatory barriers to private sector growth.
- Encourage public insurance programs to finance and/or provide more family planning services.
- Increase private sector awareness of the benefits of family planning and improve organizational or technical capabilities of private groups to design financing programs.

The paper proceeds to sketch out the general principles underlying projects aimed at one or more of these objectives, including the design of measurable performance indicators. The paper provides a table with very brief descriptions of how the objectives have been addressed in prior studies. This section highlights the difficulty of devising performance indicators for policy work. Some of the proposed performance indicators are problematic. For example, a change in numbers or proportions of users receiving supplies from the private sector is an unlikely candidate for evaluating a specific intervention in a context of ongoing shifts from public to private provision. Better targeting of public sector users, mentioned as an outcome indicator of reduced public sector competition with private sources, **may** occur as public sector resources are freed. Reducing import barriers **may** lead to increased prevalence. In any of these examples, other measures need to be taken in conjunction with a successful intervention in order to see the proposed performance indicators change.

Conclusions: This paper addresses an important policy issue in concise fashion. It gives the reader a useful overview of the issues involved and provides a sketch of how to attack them. The team found little hard evidence of the paper being put to use in the field, but this may reflect the lack of staff skills and experience in this area or the particular composition of countries from which the evaluation team sampled.

Recommendations: OPTIONS has developed a useful document with a broad potential range of impact. The team recommends that OPTIONS follow up on the ideas of this paper with the intended audience for the document. A central unresolved point is how one is to evaluate the

success of policy projects designed to enhance the role of the private sector. To this end, the team recommends that OPTIONS staff continue to work with EVALUATION project staff to develop performance indicators in this area.

No. 4 "Communicating Population and Family Planning Information to Policy-Makers." This paper, the most recent to be published in the policy paper series (February 1994), addresses another important mandate area: building consensus for population and family planning issues. The contract describes this area narrowly as leading to the formulation of comprehensive national policies, however, the project has broadened the scope to include building consensus for implementing policies. The paper also deals with information dissemination (one of several key inputs discussed in the contract) to promote awareness-raising, policy dialogue, and consensus building.

The paper provides a framework for developing a policy communication plan as well as specific activities to implement and evaluate a communication plan. It includes summaries of guidelines for developing communication activities and evaluating them. Finally, the paper includes two appendices, one with policy communication checklists for each of the project's five mandate areas and a second describing how to use visual aids to make presentations.

Conclusions: This most recent paper draws on the experiences of PRB in implementing the IMPACT Project and previous work of OPTIONS. The paper is very comprehensive and practical in its approach to communication and dissemination. Since the paper had not been published at the time of the evaluation, an assessment of its usefulness in host-country settings could not be made. However, elsewhere in this report (Sections 2.6 and 5.1) OPTIONS' role in the communication area is reviewed.

No. 5 "Cost Recovery and User Fees in Family Planning." This policy paper, published in September 1993, does not fit as neatly into one mandate area as the others, but it is nonetheless on an appropriate topic for the project to examine. It addresses the issues involved in moving from free provision of family planning at an unstructured group of outlets toward fee-for-service distribution at an appropriate set of facilities. It is essentially an overview of the issues at a rudimentary level. The goal is to paint a picture of the process of moving from free government provision of family planning through expensive channels, like hospitals, to price-discriminating provision of family planning through an array of cost-effective delivery schemes.

Reactions to this paper have been mixed. Preliminary results from bounceback questionnaires suggest that most recipients find it very relevant and informative. All recipients working at LDC institutions (N=16) find it relevant and informative and suggest various uses, including as program guidance and for workshops and seminars. On the other hand, responses from several USAID/Washington and CA staff are not so favorable. According to these interviews, the problem lies in the essential nature of the issues involved. The papers in this series all attempt to appeal to a broad audience. They are essentially non-technical pieces intended to survey the terrain in wide relief. In this instance, however, the subject matter does not lend itself to such a treatment. For example, the paper lays out a five-step process of setting prices for family planning goods and services:

1. Estimate price and income elasticity of demand.
2. Determine costs of service provision.

3. Select outlets.
4. Select times.
5. Select contraceptive methods.

This is certainly a reasonable description of implementing a cost-recovery scheme, however, it is of questionable relevance in a venue like the policy paper series. Topic one, for example, is an unresolved question on problems with universal free services and potential advantages of user fees. Work on this topic work has been progressing since the mid-1980s with notable work (largely uncited in the paper) by Akin and Schwartz, Gertler and Molyneaux, and others. A well-known example of topic two is the multi-year effort to assess program costs by Dov Chernichovsky in Indonesia which ended with indeterminate results. Certainly, approximate numbers can be used for the sensitivity analyses called for in the paper, but the results of such exercises are of questionable import. Rounding out the paper's list of topics are some relatively straightforward issues of marketing which hardly deserve equal billing.

More than one respondent commented on the novel use in the paper of accepted economic terms like price elasticity of demand. This would seem to create unneeded confusion. If the intended audience of the paper is one that requires a simplified introduction to even the most basic terms of the discussion, the relevance of much of the paper is called into question.

Conclusions: The policy paper on cost recovery and user fees has received mixed reviews. Many gave favorable reviews. Others said it suffers from a lack of clarity of purpose, attempting to describe complex material in a simplistic discussion. Is this a paper aimed at persuading a reader new to these issues that cost recovery is a feasible and useful exercise? If so, why the effort devoted to sketching out the implementation procedure? Or, is this a paper designed to inform the reader committed to change how best to undertake the process? If so, why the elementary level of discussion?

Recommendations: The OPTIONS staff has in draft form a much more extensive discussion of the issues surrounding sustainability of family planning programs.¹⁴ The thrust of this document is much clearer, namely, to inform Mission staff and other professionals in the field about the rationale for moving in the direction of sustainability and to provide detailed discussions of the process involved in generating such movement. The team recommends that this document be completed as soon as possible and subsequent requests to the project for information on sustainability issues be met with the new document.

2.4.2 *Models*

OPTIONS II's work on models has largely involved elaboration and application of models developed under other projects: the Target-cost and contraceptive market models and QUIPUS. There are important issues about the accuracy of the estimates generated by the first two models and concern about the difficulty of using QUIPUS. Finally, while OPTIONS has used DHS data in numerous settings, the DHS analysis manual has not been completed and efforts to transfer data analysis skills to local counterparts have not been as extensive as they might have been.

¹⁴ "Sustainability of Family Planning Programs and Organizations: Meeting Tomorrow's Challenges," prepared for USAID/Rabat.

Target-cost Model. The Target-cost model is an elaboration of a model initially proposed by John Bongaarts as a way of operationalizing the concept of intermediate fertility variables developed by Kingsley Davis and Judith Blake.¹⁵ Bongaarts and John Stover extended the model to incorporate the numbers of acceptors by method and supply source needed in developing The Population Council target-setting model. The Target-cost model, completed under OPTIONS II, extends the model by incorporating cost per visit or cost per user into the analysis. Target-cost also includes the development of a user-friendly user interface.

Over the course of this model's development, little has been done in the way of model verification. Recent work by Kia Reinis (*Population Studies*, Vol. 46, pp. 309-26) shows that the basic Bongaarts model yields poor estimates of the index of contraception in simulation models where contraceptive usage is concentrated at older ages. This is the most common pattern in developing countries, where family size goals are typically met through limiting rather than spacing strategies. The intuition behind the problem is straightforward: the various fertility-reducing indices are incorporated unconditionally into the model but are, in fact, causally related. Two examples illustrate the point. Given a family-size target and a later age at marriage, all else constant, the need for contraception within marriage will decrease. Or, as family-size targets fall, the proportion of the interval of use in which users actually are fecund rises, which somewhat perversely decreases the *apparent* impact of contraceptive usage on observed fertility (since there are now consequences for improper use) while increasing the *actual* impact of contraception on fertility (since the proportion of users who are in fact sterile falls). Unfortunately, the subsequent use to which the model is put in the Target-cost framework implies that, since the estimated "required prevalence" is flawed, so are the subsequent estimates of family planning programmatic activities and costs. Simulations by Reinis using the Target-cost method yielded a range of estimates for the contracepting index of from 80% to 140% of the true value. Projecting total fertility rates with this model is equally problematic.

The Target-cost model has been put to use in many settings and has provided much-needed first cuts at questions of resource needs. It is a valuable tool in settings where very little information on family planning needs is available, as exemplified in its recent use in the Central Asian Republics. But it probably cannot, as the documentation states on page one, literally "be used to calculate the family planning program costs necessary to achieve a particular goal." In particular, in countries with relatively highly developed systems of monitoring well-established family planning programs, the Target-cost model may need to be applied with greater skepticism and more attention to non-model information than the program documentation suggests. A related question, also unexamined in current applications of the model, is the level of aggregation beneath which the input data, typically DHS-based, render model output too imprecise to be useful. In the course of the team's interviews, we met with some skepticism that data from clusters with small numbers of observations, for example, in Outer Islands I and II (especially II) in Indonesia, could yield sufficiently precise input data to generate meaningful output.

¹⁵ In this model, the total fertility rate is assumed to be the product of an underlying "total fecundability" rate, that is, the physiological limit on births in the absence of any restraining behavior (intentional or otherwise) and a set of index proportions representing the restricting influence on fecundability of delayed marriage, contraceptive use, postpartum infecundity, induced abortion, and sterility. If marriage were always at menarche, contraception were never used, and postpartum infecundability, induced abortion, and sterility did not exist, total fertility would be at the biological maximum represented by fecundability. Numerically, the values for each of these indices would be unity. To the extent that various fertility-reducing behaviors come into play, the indices fall toward zero.

In testimony to wonderfully transparent programming by The Futures Group, in-country cautions regarding the method's limitations at delivery by OPTIONS staff may not be enough, as the programmers have done such a good job making the software user-friendly that it has arrived and been put to use in at least one country (Bangladesh) without OPTIONS project assistance. It appears to be the sort of program which could be implemented independently (or nearly so) by countries with a modest degree of local analytic capability. In Indonesia, for example, it is being put to extensive local use with OPTIONS assistance.

Conclusions: The Target-cost model is a useful way of obtaining information in data-deficient situations. It generates potentially inaccurate estimates, however, and apparently performs worst in situations where it is needed most (i.e., where fertility limitation is concentrated at older ages).

Recommendations: The team suggests that the accuracy issue be examined systematically, perhaps drawing on the expertise of Reinis or of Jane Menken or Ulla Larsen, two others who are working on problems with Bongaarts-style forecasting methods.

QUIPUS. QUIPUS is a management information system (MIS) developed originally under INOPAL by Development Group, Inc. and applied under OPTIONS II to Bolivia. The intent in Bolivia was to allow a group of six non-governmental organizations (NGOs) and two public sector organizations to obtain service statistics and procurement logistics information. The Mission is unenthusiastic about its implementation, referring in its review to "slow adaptation" of the model, "mixed results," and a user-unfriendly program. However, the Mission notes that the Government of Bolivia (GOB) has been, for the most part, quite pleased with QUIPUS, in spite of the fact that (at least in the view of the Mission) the data required by QUIPUS are not of sufficient quality in Bolivia. The model has also been applied in Peru. The USAID Missions in both countries cite the need for outside consultants to run the model on a day-to-day basis as a problem in implementation.

QUIPUS consists of three modules, each of which can stand alone. The modules consist of a relatively complex forecasting program, requiring DHS and other demographic inputs, and two modules on service statistics and logistics, which together form a management information system. In Bolivia, the Mission staff reports that only the MIS component of QUIPUS was employed. It views the process of QUIPUS as being extremely successful but the program as being less so. By "process" it means that QUIPUS has introduced the concepts of MIS to organizations where it was previously unknown and provided useful information to the Mission. "Program" complaints centered around the use of technical assistance rather than user manuals for operational assistance. On the whole, though, the responsiveness of DGI staff to user needs and the marked improvement in the program's user-friendliness were noted together with praise for overall program performance.

An external evaluation of QUIPUS by N.K. Dworak was commissioned by OPTIONS and completed in June 1993. The evaluation is quite favorable in general. It highlights several key differences between QUIPUS and Target-cost, including a focus by QUIPUS on measuring prevalence rather than the (perhaps overly ambitious) attempt to project the fertility rate in Target-cost, and praises the ability of QUIPUS to apply it at regional or sub-regional levels of disaggregation. The implementation of QUIPUS comes under some criticism, however. Dworak complains of difficulty in data entry, including a large number of similar variables to be input and a cumbersome set of data entry screens. The program uses a FoxPro host, and this apparently accounts for many of the perceived weaknesses of the program.

Conclusions: QUIPUS is a useful tool in each of the three areas for which its modules are designed. It suffers from problems in packaging and implementation, which seem to be easily correctable.

Recommendations: QUIPUS is the result of intensive effort on the part of DGI and reflects its expertise in MIS and Latin America. Other OPTIONS resources, most notably the computer programmers at The Futures Group responsible for the professional feel of Target-cost, have not worked on QUIPUS. It is recommended that the programming resources of the larger OPTIONS project assist in developing QUIPUS version 2.0. The database file format can be kept but created and accessed in a more straightforward fashion using a lower-level programming language. The logic of data entry should receive particular attention in this revision.

Contraceptive Market Model. The contraceptive market model was developed under OPTIONS I. The goal of the model is to describe an initial market for privately supplied contraception (by method) and then to predict the effects upon market quantities of changes in method prices, quantities of (competing) public sector contraceptives, and so forth. It is essentially an advocacy tool, due in large part to its complexity. It is envisioned that the model will be used to illustrate the beneficial aspects, for example, of lowering tariff barriers (and so, presumably, contraceptive prices) and reducing public sector subsidies, and therefore fits the private sector component of the project mandate well. The model requires input data which are unlikely to be known with any degree of certainty, with price elasticities of demand the most prominent example. Revision of the user interface and a restructuring of part of the model are ongoing under OPTIONS II.

Conclusions: The contraceptive market model may be a useful expository exercise. It can yield implications of market-influencing decisions contingent on demand and supply assumptions. However, credible values for the assumptions are hard to come by, and the model predictions are likely to vary substantially according to the values chosen. Realistically, all that should be expected of the model are rough illustrations of the impact of market-influencing changes.

Recommendations: Development of the model should continue, and verification of the model's predictions must form a part of the process of development. Estimates of demand elasticity for Indonesia, Jamaica, or Thailand are available, and these, together with DHS and other data, could be used to characterize the markets at two or more points in time. The projected private market dynamics can then be compared with the actual outcomes. Regardless of the outcome of the verification process, the user's manual for the final product should stress the likely sensitivity of model outcomes to initial conditions, emphasize the need for country-specific sensitivity analyses in implementing the model, and emphasize that the roughness of model input approximations is magnified in the process of generating model outputs.

Programmatic Use of DHS Data. OPTIONS II is developing a set of analytic tools which allow straightforward usage of DHS data in countries with such data available. There are two basic tacks which have been taken. The first, used extensively in Peru, is to provide users with a pared-down DHS data set for their country or region. The focus is on fertility and family planning variables. Local users are trained in the analysis of the data and provided with SPSS and spreadsheet files to take home. They are not provided with SPSS or spreadsheet programs, however, so the extent to which "ownership" of the analytic techniques occurs is not clear. It would be useful to know what

fraction of users trained at these workshops has subsequent access to the software they need in order to apply their training. (See also Section 2.5.1 on training.)

The second approach is applied more broadly. It involves focusing on three major policy questions: Which users are able to pay for family planning? What is a method mix suited to the characteristics of the population? Who uses private sector supply sources? It has been applied in Indonesia, again using a pared-down DHS data set and SPSS. It is envisioned that this work will be extended to other countries in combination with software under development by The EVALUATION Project. There is currently a draft overview document describing a set of questions to be used to identify needs and appropriate program responses. The draft also documents the need to address the three questions outlined above in some detail. For two years, OPTIONS has planned to prepare a manual for analyzing DHS data for programmatic purposes. OPTIONS' third semiannual report projected completion of this effort by September 1992, and the fourth semiannual report predicted completion of a more ambitious-sounding effort than the current set of draft papers by March 1993.

Conclusions: Through its use of DHS data, OPTIONS II has done a good job of using a previously underutilized resource. Commendably, many of the needs assessments which OPTIONS has done have started with an examination of the DHS data. However, formal efforts to transfer DHS analytic capability to local counterparts (including the completion of a DHS manual) has not progressed as far or as fast as seems warranted.

Recommendation: Given the importance of developing local analytic capability to use DHS data, OPTIONS should complete the DHS manual as soon as possible and pursue with vigor opportunities to strengthen local analytic capability in use of these data in collaboration with EVALUATION wherever appropriate.

2.5 Staff Development

The OPTIONS contract recognizes the role of human resource development as a critical input for institutional development and technology transfer. Staff development refers to three types of activities: training (both regional and in-country), observational travel, and transfer of microcomputers. Each of these activities is reviewed in turn.

2.5.1 Training

Both regional and in-country training were called for in the contract in order to strengthen local capacity and institutions. While some of these training activities have been discussed in other sections of the report (e.g., Section 2.3 on the country reviews, Section 2.4.2 on models, and Section 2.6.1 on policy communication), a brief summary is provided below. It should be understood that training activities are carried out as part of a larger package of technical assistance. Thus it is difficult to assess the results of training apart from these other activities. Further, considerable informal or on-the-spot training occurs in the course of providing technical assistance, and this is not reflected in the following discussion.

OPTIONS has sponsored or participated in four regional workshops or conferences. (See Appendix C for OPTIONS II Regional Workshops.) First, OPTIONS sponsored a regional training session on the use of DHS data in strategic planning for officials in four Latin American countries. Second, OPTIONS sponsored a Sahel regional conference on population policies that represented an important step in policy communication for the region. Third, OPTIONS participated in a regional Latin American symposium and led discussions of several important policy issues. Fourth, OPTIONS organized a workshop on decentralization in sub-Saharan Africa for officials from 12 Anglophone countries. These sessions can be considered training in a broad sense. While their results were not evaluated, they all appear to have been appropriate activities for the project to have undertaken.

OPTIONS also sponsored 19 training sessions for officials from 11 countries. (See Appendix D for OPTIONS II In-country and Other Training Activities.) Most of these sessions were in-country workshops. The training sessions were conducted on the following topics:

- Target and Target-cost models (Guatemala, Jamaica, and Indonesia)
- QUIPUS model (Bolivia)
- DHS and other demographic and health data (Brazil, Peru [4 separate sessions], and Yemen)
- Desk-top publishing (CERPOD in Mali, Guatemala, Ghana, Morocco [2 sessions], Niger [3 sessions], and Yemen)

Evidence from Guatemala suggests that the training carried out in the use of the Target model was effective and that local staff are able to use the model independent of OPTIONS assistance. In Indonesia, the ongoing training should allow staff of the BKKBN to use the model extensively. Training on the use of the DEMPROJ and Target-cost models has occurred very recently in Jamaica, and results cannot yet be assessed. Training and use of the QUIPUS model in Bolivia received mixed reviews—favorable by Government of Bolivia officials and less so by the USAID Mission. OPTIONS staff has used DHS data extensively in the project's work. While training was conducted in several countries, it is difficult to say whether the training has been sufficient for independent further analysis. As mentioned in Section 2.4.2, the documentation for further analysis of DHS has not been completed. Presumably such material would facilitate the hoped-for technology transfer.

In-country training workshops were held on desk-top publishing as part of the assistance in policy communication. There is good evidence that this training has enhanced local capacity to produce and disseminate information in Guatemala, Ghana, CERPOD, and Niger. Cables from USAID Missions in Morocco and Yemen speak favorably of the assistance in policy communication and information dissemination, but no other assessment of the effectiveness of this training was undertaken in this evaluation.

One of the eight outcome indicators for evaluation cited in the OPTIONS contract is "evidence of sustainable indigenous capacity to conceive, plan, implement, and evaluate population and development policies." This is the only outcome indicator that refers to strengthening capacity and technology transfer. In general, the evaluation team had difficulty assessing the effectiveness and impact of the training because the project's documentation was limited to lists of training sessions. Questions of effectiveness and impact aside, training host-country officials in the use of appropriate policy analysis models and communication tools is a needed and important role for OPTIONS. An

issue for the future may be whether the project should devote more attention to training of local officials.

Given that the underlying objective of training is institutional development, some effort should be devoted to assessing the sustained use of the skills and tools that have been transferred. The training of individuals and transfer of technology on particular content issues is not sufficient to ensure sustainability of use if there is weak or no administrative capacity. An assessment of use should involve looking at the administrative and management capacities of the various institutions. Conceivably, OPTIONS II could begin to explore this issue, while a follow-on project would need to address organizational development more explicitly.

Conclusions: OPTIONS has devoted a moderate level of effort to regional and in-country training activities. There is some evidence of the effectiveness of training in some policy models and desk-top publishing, however, it was difficult to assess the effectiveness and impact of the training on local capabilities.

Recommendations: For the remainder of OPTIONS II, more effort should be given to documenting the effectiveness and impact of the training activities, including some effort to assess sustained use. A future policy assistance project should give a more prominent role to training in order to build local capacity and to the need to document the impact of training. It should also address issues of organizational development insofar as they relate to sustained use of skills and tools.

2.5.2 Observational Travel

OPTIONS supported three observational study tours in its first three years. Two of these involved officials from Guatemala (13 and 10 high-level officials on the respective trips) visiting Ecuador and Mexico and the third involving 14 officials from the CAR who visited Turkey. These visits were reportedly very useful for building support for and knowledge of family planning programs.

Conclusion: OPTIONS supported very few, but successful, observational study tours.

Recommendation: OPTIONS should examine why more study tours have not been supported in the project and make sure that this type of assistance is considered while country strategies are being developed.

2.5.3 Microcomputer Transfer

OPTIONS has supported the transfer of equipment to local institutions in seven developing countries (Bolivia, Ghana, Guatemala, Haiti, Jamaica, Mali, and Morocco). The equipment has included microcomputers, disk drives, printers, color palettes, projectors, and fax machines. While the evaluation did not assess the usefulness or adequacy of the project's work in this area, much of the equipment transfer appears to support local capabilities for computer-assisted presentations and production of materials. Less emphasis has been placed on equipment needed for analysis of data and manipulating models.

Expenditures for equipment transfer have been about 57 percent of the budgeted amount. In addition and according to OPTIONS staff, most buy-ins also include equipment purchases, suggesting that higher levels have been expended than are apparent from core expenditure data. The list of OPTIONS II Microcomputer Equipment Transfers (Appendix E) includes 27 entries in chronological order: 19 transfers to local institutions and eight to overseas resident OPTIONS staff. This listing should be revised to group transfers: first to local less developed country (LDC) institutions and second to OPTIONS overseas staff. In addition, all equipment to a given country/institution should be grouped together while retaining the dates of transfer. Such a revised listing would facilitate review of the transfers.

Conclusion: Much of the equipment transferred to LDC institutions is intended to support local capability to give computer-assisted presentations and produce printed materials. OPTIONS' expenditures of at least three-fifths of the budgeted amount for such transfers are on target, given the project's duration.

Recommendation: Project staff should assess why the transfer of microcomputer equipment has been more limited than expected and make appropriate changes in the final years of the project's life.

2.6 Policy Communication and Information Dissemination

2.6.1 Assistance to Developing Countries

Policy communication is one component of policy development and implementation and includes defining objectives of a communication plan, identifying key audiences, formulating messages, and selecting appropriate channels of communication as well as formats. OPTIONS' work in policy communication constitutes, in large part, the mandate area of building consensus for the formulation and implementation of population policies.¹⁶ Just as good data and strong analytic capacity are deemed essential building blocks for effective policy work, so too is a capacity to design, implement, and evaluate a policy communication plan or strategy. Technical assistance in policy communication was conceived from the project's inception as a particular strength of the Population Reference Bureau, given its past experience with the IMPACT Project. In addition, The Futures Group's experience with computer-generated presentations was also considered an important element of this assistance. The following discussion gives an overview of OPTIONS assistance to developing countries in policy communication.

While OPTIONS' approach to policy communication is contained in the soon-to-be-published paper in the policy paper series (described in Section 2.4.1), the approach has nevertheless been used, in varying degrees, to guide the development of activities in several countries. OPTIONS has and is providing assistance in policy communication to local institutions in six countries (BEMFAM in Brazil, PIP in Ghana, APROFAM in Guatemala, the National Family Planning Board in Jamaica, CERPOD in Mali, and the Directorate of Population at the Ministry of Planning in Niger).¹⁷ In three of these cases, OPTIONS has funded subprojects as a means to implement the activities (with CERPOD for

¹⁶Policy communication is often used synonymously with information dissemination. The contract for OPTIONS refers to this area as information dissemination.

¹⁷OPTIONS has recently developed a policy assistance strategy for Morocco for the next two years that includes a policy communication plan.

a regional policy conference and in Brazil and Ghana for information dissemination). In-country training workshops have been conducted in desk-top publishing (see Section 2.5.1), and related equipment has been transferred to enable local capacity in desk-top publishing. This training has reportedly been effective in strengthening local capacities for information dissemination. Additional discrete activities that constitute policy communication have been supported in other OPTIONS countries including observational study tours, conferences, and StoryBoard computer presentations.

Despite OPTIONS assistance in developing policy communication strategies in a few settings, such as Ghana, CERPOD, and Guatemala, it is not clear from the project's documentation that a careful assessment of the need for a communication strategy has occurred routinely as part of OPTIONS assistance. Rather, it appears that discrete activities are undertaken that assist overall consensus building, but the approach is far from comprehensive. In general, a more comprehensive approach to policy communication has occurred where PRB has been involved from the earliest stage of planning.

Conclusion: OPTIONS has provided extensive support for work in policy communication as an approach to consensus building as evidenced by the tally of assistance to 14 of the 24 countries that have received OPTIONS assistance (see Appendix K). Despite the relatively large number of activities supported (ranging from observational study tours to conferences and presentations), it is not clear that a comprehensive approach to policy communication is yet an integral part of OPTIONS' work in most countries.

Recommendation: OPTIONS should include policy communication as an integral part of the design of country strategies. Including staff knowledgeable about this area in planning visits to countries would help to ensure that this dimension is handled thoroughly and systematically.

2.6.2 Information Dissemination to International Audiences

In addition to its assistance to developing countries, OPTIONS has carried out a number of activities that represent the project's other efforts to disseminate information to particular policy audiences. OPTIONS has produced the policy paper series (discussed in detail in Section 2.4.1) along with numerous other technical reports and publications. A mailing list has been developed for dissemination of the papers and other materials. This list includes about 620 entries for institutions in developing countries (ministries of health, family planning organizations, research institutions, and international organizations) and institutions in developed countries, principally in the United States (USAID and CAs). As discussed in Section 2.4, responses to bounceback questionnaires and requests for additional copies of the policy papers suggest that they are popular. Further, OPTIONS has reported that the Family Planning Management Development Project (FPMD) had the policy paper series translated into French for use in a Francophone African workshop with joint funding from FPMD and OPTIONS.

OPTIONS has supported numerous presentations to international leadership groups as well as to USAID Missions, the Office of Population, and other U.S. audiences. For most of the presentations to leadership groups, booklets were prepared that contain the printed version of computer-

generated graphics and accompanying text.¹⁸ The contract calls for 12 international leadership presentations in five years. In the course of 1992–93, 12 such leadership activities were carried out involving presentations on eight different topics to 10 different audiences including the Global Coalition for Africa, the African Development Bank, and the U.N. Conference on Environment and Development. (See Appendix F for OPTIONS II International Leadership Activities.) OPTIONS is given high marks for its responsiveness to requests for special presentations (such as the two prepared at the request of IPPF).

OPTIONS staff has also given 32 presentations on various aspects of the project's work to various audiences in the United States. Almost half of these were made to staff of the Office of Population, another 10 were made to other staff at USAID and the State Department. Only four presentations were made to other CAs, one to the World Bank, and two to other groups including the National Council for International Health (NCIH) and the Population Association of America (PAA). Such presentations are part and parcel of any project's promotional work and are also an integral part of policy work. They serve to keep key people informed about the project's activities. Occasionally they serve to advance policy work by informing people of particular analyses or issues who may later use the information. Curiously, and despite the number of presentations to Office of Population staff, there remains confusion about the differences between the OPTIONS and RAPID projects.

One issue on the project's information dissemination activities concerns the division of labor that developed over the project's the first three years (see also Section 3.4). Information dissemination (including production of publications and the mailing list) was conceived from the project's inception as drawing on the expertise of PRB. For reasons that are not clear, The Futures Group assumed principal responsibility for production of the policy paper series although PRB did provide advice on the production and bounceback questionnaires.¹⁹ Similarly, the task of developing a mailing list for the project's publications was carried out by The Futures Group even though PRB was well-positioned to refine an already existing list from IMPACT. While it is certainly the prime contractor's prerogative to decide which organization carries out particular tasks, these examples suggest a division of labor that was not only different from what was envisioned in the contract award, but also appears to duplicate an existing capability for no apparent gain to the funding agency. There is an obvious gain to the prime contractor in terms of its enhanced institutional capacity for future work in this area. Fortunately, the modus vivendi that has developed between The Futures Group and PRB is satisfactory and has not affected the quality of the work.²⁰

Conclusion: With the exception of the international leadership presentations, most of the work carried out under this section on information dissemination was not anticipated, except as a by-product of the work in developing countries described in Section 2.6.1. Although these kinds of

¹⁸In one instance (for the African Advisory Committee) a presentation booklet was prepared by The Futures Group on "African Population Programs: Status Report" and at the same time (with funding from a different USAID project) another booklet with a fuller exposition on the same topic was prepared by PRB. The two booklets are complementary, but it may have caused some confusion as two supporting documents on the same topic. This is an example of the need for better coordination among the organizations party to OPTIONS.

¹⁹This occurred even though PRB had prepared a task order for this series to which The Futures Group never responded.

²⁰There was some additional cost to the project because of the limited number of copies that were initially printed of the first three policy papers. The Futures Group did not adequately anticipate the demand and had to reprint several papers.

activities were not included in the original project work scope, the work should be considered a necessary and important aspect of OPTIONS' role as the primary policy project for the Office of Population. In general, OPTIONS receives high marks for its information dissemination activities. In terms of the division of labor for dissemination work, work patterns are already established and the involved parties have adjusted to their current roles, although USAID should have been more careful in monitoring the project's performance in this area.

Recommendations: The project's information dissemination efforts are an important part of its general leadership role and should continue to be supported at a reasonable level of effort. Also, while the number of international leadership activities performed to date satisfies this aspect of the contract, the project should continue in its remaining years to be involved in selected leadership activities. In the interest of promoting greater collaboration with other CAs and use of OPTIONS policy tools, it would be helpful if the project gave more presentations to other CAs.

2.7 Additional Project Activities

The OPTIONS contract calls for modest levels of support for some additional activities including policy files, a fellows program, and long-term advisors. Neither the policy files nor the fellows program was presented as an issue for this evaluation, in part because both activities will be moved to the Cooperative Agreement that the Office of Population has with PRB. Nevertheless, these activities will be discussed briefly in the following sections.

2.7.1 Policy Files

Given the continuing demand for policy information by the international population community, OPTIONS II has continued to maintain and expand the policy files under a subcontract with PRB. The files include compilations of policy-related population information on USAID-funded countries and OPTIONS II countries in particular. The files are used to respond to numerous *ad hoc* requests from the Office of Population, State Department, USAID Missions, CAs, as well as OPTIONS staff.

The policy files consist of two systems for storing and retrieving information. One is the OPTIONS database, a file of computer-accessible quantitative indicators maintained in software that can generate tables, charts, and reports. The other is the OPTIONS document file, a collection of articles and reports on population and family planning programs, the policy environment, as well as OPTIONS II papers and reports. The document file includes about 1,200 items. This file also includes materials on special topics related to OPTIONS II such as medical barriers, sustainability, and the private sector.

The OPTIONS contract greatly underestimated the demand for information. While 25 *ad hoc* requests were anticipated per year, the project has averaged about 160 requests per year. The high demand may have been due in part to effective advertising by the project. A booklet entitled, "Ready References: A Resource Guide for Strategic Planning," may have helped spur demand. Many of the requests are for information packets for individual countries. During the first three years of OPTIONS II, 1,100 copies of these country profiles were requested. (See Appendix G for a tally of information requests.) A user questionnaire on the briefing packets showed that the material is especially popular with USAID's Office of Population and CAs.

The Futures Group has been very supportive of the expansion and evolution of the policy files. Time allocated to the policy files has increased from a half-time staff person to almost one and one-half persons. A previous USAID Cognizant Technical Officer (CTO) for the project had suggested that there be more contact with the United Nations office that collects and maintains population policy information, especially since U.N. data are included in the OPTIONS database. This suggestion should be followed to facilitate information exchange and use by an even broader group of users.

Conclusion: The policy files are a well-maintained, useful component of OPTIONS. The use of these files through *ad hoc* requests has far exceeded original expectations, but the project has responded well to the increased demand by increasing the level of effort devoted to this activity.

2.7.2 Fellows Program

The Fellows Program in Population Policy has a long history that dates back to the USAID-funded Population and Development Policy Project of the late 1970s. Under both OPTIONS I and II, the fellows program has been organized by PRB. As required by the contract, an average of 12 fellows are selected each year. The fellows attend a two-week workshop at PRB each summer which emphasizes the role of research in policy development and techniques for effective communication of research findings to decision-makers and leadership groups. Fellows also attend a one-day workshop, held in conjunction with the annual PAA meeting, at which time they present papers on their research, focusing on its policy relevance.

Of the 37 fellows who have participated in the program to date, 14 have been from Africa, two from North Africa, 19 from Asia, one from Latin American, and one from the Commonwealth of Independent States. (See Appendix H for a list of OPTIONS II Fellows.) While the selection criteria do not emphasize particular countries, 23 of the fellows have been from USAID priority countries and 18 have been from countries where OPTIONS is working. It could be assumed that fellows from OPTIONS countries might be well placed to continue their interest in policy development once they return to their respective countries and that OPTIONS could involve them in future policy activities.

In 1992, OPTIONS sent questionnaires to 62 former fellows asking about their current positions and work. Based on 56 responses, half of the former fellows who had completed their studies were teaching or held research or government positions in their home countries. Another 40 percent were working for international organizations in the population and family planning field.

Conclusion: The fellows program is considered a cost-effective way to assist the next generation of policy-makers and program managers. It should and will be continued. Assuming this project activity will be transferred to PRB, care should be taken to ensure a close link to USAID's future policy implementation project.

2.7.3 Long-term Advisors

The OPTIONS contract identified an occasional need for long-term resident advisors who would provide continuity and expert guidance in policy development. Five expatriate advisors have been placed in four countries (Egypt, India, Niger, and Peru), each for approximately a two-year period. In addition, OPTIONS supported an advisor for three months for the U.S. Department of State's population work. OPTIONS has also drawn on in-country expertise through support of local advisors in six countries with two other countries planned. (See Appendix I for a list of OPTIONS II Resident Advisors.)

Four of the five long-term advisors have been placed at the local USAID office (the advisor in Peru has an independent office), and for the most part they serve a dual function of assisting the USAID Mission with its population assistance program and, to a lesser extent, assisting OPTIONS activities in each country. The USAID Missions in all four countries strongly support the placement and work of the long-term advisors. While the role of the local advisors was not assessed, the evaluation team agrees with OPTIONS' stated predisposition to use in-country expertise when possible.

Long-term advisors have been funded by the USAID Mission in Niger, core funds in India and Peru, and a combination of core and Mission funds in Egypt (eight months of core support and one and one-half years of Mission support). In-country advisors have also been funded by varying combinations of core and Mission funds. The cost of long-term advisors can be considerable, and support for the long-term advisor in India is adding to the high rate of expenditure of core funds.

Conclusion: Long-term advisors are playing an important role in the implementation of USAID population assistance in each country where they have been placed. While the role of local advisors was not explicitly called for in the contract, the project has used this option in several countries.

Recommendation: Given the shortage of core funds for the remainder of OPTIONS, USAID/Washington should consider approaching USAID/India about taking over the cost of the long-term advisor.²¹ While the cost of local advisors was not examined, this cost might also be transferred to USAID Missions in countries that have or are planning buy-ins.

2.8 Emergent Policy Issues

In the course of implementing OPTIONS II, a number of issues have emerged or represent an extension of existing work in the mandate areas. Six such emergent policy issues or new directions have been identified by OPTIONS.²² Each of these will be reviewed in terms of OPTIONS' identification and handling of the issue, work that has been done and its result, additional work which needs to be done, and OPTIONS' future role in this area.

²¹ According to OPTIONS staff, the USAID Mission in New Delhi has no mechanism for buying into a central project. Thus this recommendation, however needed to reduce the drain on core funds, appears not to be feasible. Nevertheless, the Mission should be approached by USAID/Washington about the issue in case some solution could be found.

²² Section 5 of the OPTIONS Evaluation Briefing Book presents these six emergent policy issues.

2.8.1 Decentralization

A request from USAID/Morocco for a review paper on worldwide experiences with the decentralization of population and family planning programs led to the development of a discussion paper, "Decentralization of Population and Family Planning Programs." The Mission request provided OPTIONS II with the opportunity to study the theory and context of decentralization, as well as to develop case studies of specific country experiences, as requested by the Morocco Mission.

The paper, which was in draft form at the time of the evaluation, defines decentralization; discusses advantages, strategies, and problems associated with it; and presents five case studies of decentralization. The discussion of the context of decentralization is based on the experience in the related sectors of rural development and health systems organization. The experience of five countries in the decentralization of family planning services is described in the case studies.

A review of these case studies reveals that decentralization of family planning services has occurred in an *ad hoc* manner in the countries studied, with little evidence of transfer of experience between countries. It also appears that donors, including USAID, have been followers rather than leaders in the process, perhaps in some cases actually obstructing the process due to fear of damage to, or dilution of, centralized family planning programs. Now that the process of decentralization has been initiated in the cases studied, USAID is responding with new or redesigned projects to strengthen family planning at the local level. Policy development, advocacy, and implementation are slowly being recognized as areas of importance at the local level as well. The first response to this new challenge in population policy undertaken by the project was a workshop on decentralization held in Uganda in June 1993.

OPTIONS II sponsored a workshop, "Decentralization of Population and Family Planning Programs in Anglophone Africa," in June 1993 which was attended by 48 participants from 12 Anglophone African countries. The rationale for this workshop was to share growing experiences of decentralization in Africa and other parts of the world and to identify efficient and effective ways of transferring responsibilities to local government units. This is particularly important in Africa where decentralization is taking place in the absence of resources for appropriate strategic planning for decentralization or for support of the human resources and other financial implications of the decentralization process. The evaluation team was unable to assess the impact of the workshop. It appears that the experience was a useful initial awareness-raising experience and that follow-up with participants would be necessary in order to expect any real impact at country level.

In responding to the request of the Morocco Mission, a decision was made to conduct the review using in-house staff. This required a substantial time investment for reviewing the extensive literature on decentralization, most of which is unrelated to population and family planning. While some of the authors of the case studies, as well as most of the staff involved with the Uganda conference, are professionals in regional planning familiar with the subject of decentralization, others were essentially unfamiliar with the topic. The evaluation team heard several complaints about the lateness of both the study requested by the Morocco Mission and the report from the workshop. While deployment of project staff on researching a new issue can be seen as a means to "tool up" the project for further work in the area, this objective might have been achieved more efficiently and effectively (and with less delay) by employing expert consultants to participate in the task.

Project involvement in the issue of decentralization was a result of an *ad hoc* request on one hand, and an offshoot of one subcontractor's work on the other. In the process, staff began to discover the importance of the issue. At the same time, more of the actual project work at the country level was becoming more regional in character. These serendipitous events provided an opportunity for the project to reflect on the implications of the trend toward decentralization on policy development and implementation, including the need to develop or refine tools and approaches in order to carry out the project mandate under changing circumstances. Given the reality of decentralization in most countries in which the project is working, as well as the initial investment of the project in this area, OPTIONS should review the requirements needed to work effectively in this area and staff up as appropriate.

2.8.2 Sustainability

OPTIONS has had an ongoing interest in issues of sustainability. The current state of its thinking is reflected in a document, presently in draft form, commissioned by USAID/Morocco and entitled, "Sustainability of Family Planning Programs and Organizations: Meeting Tomorrow's Challenges." This document is a useful one for Mission staff and others looking for a thorough grounding in the issues surrounding sustainability. The paper defines sustainability—not a straightforward task in itself—and lays out the practical requirements to attain this goal at the national and organizational levels. The document does not always devote as much attention to potential problems in implementation as it might, for example with potential discontinuation in response to sustainability-induced policies like user fee increases or channeling of contraceptors toward cost-effective methods. It is accompanied by three case studies of sustainability efforts, with a particularly good description of the efforts in Indonesia. It also contains an extensive set of references.

OPTIONS should be encouraged in its plan to distribute this document more widely. This paper and the thinking underlying it are likely to be of great interest in coming years. The empirical issues surrounding moves to sustainability are drawn into sharper focus by the paper, and it seems clear that substantial future research efforts will go into their resolution.

2.8.3 Further Applications of the Private Sector

As previously discussed, substantial project effort has been devoted to the role of the private sector in family planning provision. The contraceptive market model should soon be applied, and the project has used DHS data to try to identify the ability of family planning users to pay for contraception. Under the assumption that users who pay for health services can also pay for family planning, empirical work has found several DHS countries in which the proportion paying for family planning is dramatically lower than that paying for health care. A useful future direction will be to marry the two approaches, that is, first to use the DHS approach to identify "problem" countries and then to use the contraceptive market model together with information on the contraceptive supply side to project the impact of policy changes on private sector utilization.

2.8.4 Evolving Method Mix

An important element of work in many OPTIONS countries (Indonesia is a good example) has been a focus on fulfilling users' demands rather than setting demographic targets. This is likely to have clear impact upon method mix, as, for example, the needs of spacers and limiters are likely to differ. The move to demand fulfillment is closely linked to most of the other future directions that OPTIONS is likely to pursue. For example, an evolving feminist perspective is part of the motive behind demand fulfillment approaches to family planning. Sustainability and privatization issues may impinge on demand fulfillment approaches, however, because a relatively expensive cafeteria of choices may be necessary. Method mix and related issues are likely to play a central role in future work, and OPTIONS should be encouraged to pursue these issues with vigor.

2.8.5 Medical Barriers

As discussed in Section 2.4.1., OPTIONS began looking at provider regulations, practices, and attitudes as a component of its legal and regulatory analysis. Two studies carried out in Senegal and Guatemala identified medical barriers. When the Office of Population expressed interest in examining medical barriers to access to family planning, OPTIONS was well positioned to respond and did so by preparing a short briefing paper on policy aspects of medical barriers. This paper was later published and sent to USAID and CA staff. Further, OPTIONS has made one presentation on medical barriers to family planning at Operations Research Day 1993. OPTIONS is collaborating with at least one other CA (FHI in Jamaica) in conducting a survey of private providers that will assess medical barriers among other topics.

One aspect of OPTIONS' work on medical barriers, mentioned at the OPTIONS staff meeting in October 1993, was the need to assess the potential consequences of removing specific barriers. Such an analysis would look at the existing and potential use of particular methods in given settings and presumably highlight those medical barriers that appear to limit use or quality of services in a significant way. Such an analysis would be helpful in deciding what level of effort would be merited to remove different medical barriers. OPTIONS is planning to carry out such an analysis of consequences in Egypt.

OPTIONS' work on medical barriers is an appropriate extension of its work in the legal and regulatory area. While this area is considered a relatively new direction for USAID, it has in effect already become part of OPTIONS' approach to legal and regulatory analysis. OPTIONS should be encouraged to pursue additional studies in this area, work with other CAs as much as possible in defining barriers in particular countries and planning strategies to remove them, and carry out the analysis of potential consequences of removing barriers, first on a pilot basis and, if successful, as an integral part of any country assessment.

2.8.6 Feminist Perspectives

OPTIONS points to three activities that have potential for addressing women's perspectives on family planning. Only one of these activities (a study of women's views of family planning and medical barriers) deals directly, albeit narrowly, with this topic. The second refers to "demand analysis" that may have some potential consequences for women's perspectives. The third merely

discusses an avenue that could be pursued for addressing women's perspectives on family planning.

OPTIONS has recently funded a subcontract for a study entitled, "The Medical Barriers Initiative Through the Lens of Women's Health Advocates: Is There Common Ground?" This study was undertaken because of a negative reaction among U.S. women's groups to an Office of Population initiative to identify and remove medical barriers. This initiative was perceived as misguided and potentially damaging to the quality of family services and thus damaging to the women using those services. The study will involve interviews with women's rights and women's health advocates to assess their attitudes toward family planning and medical barriers. A report is planned that would identify areas of common interest between the family planning community and women's health advocates and thus is expected to contribute to a dialogue between these groups. Recommendations are also expected on efforts OPTIONS can take to facilitate the process of defining common ground.

While the study could be seen as an extension of OPTIONS' work on medical barriers, it is not clear that OPTIONS is the appropriate project for such an assessment. This is especially true given that a new project has recently been awarded by USAID to look at the impact of family planning on women's lives and also because other organizations may be better placed to foster a dialogue between USAID and women's groups. This study should probably not have been approved by USAID, in part because it diverts scarce, core project resources into an area of questionable utility for the project's central mandates.

A second activity of OPTIONS' demand analysis is discussed for its potential to address women's interests. It would do so through analysis of women's characteristics and reproductive intentions as an indirect way to assess whether women's needs are being met through existing services. OPTIONS has begun such an analysis for Egypt that also incorporates possible medical barriers and their consequences. This is certainly an appropriate avenue to pursue requiring modest resources, and it may help to make programs more responsive to women's needs. Assuming this analysis is fruitful, it should become part of the overall demand and supply analysis that OPTIONS is promoting.

The third activity concerns the analysis of the implications of reproductive health as a broadened context for family planning. To undertake this activity, OPTIONS would utilize its analytic skills to assess the costs and benefits to family planning service delivery of adding additional services related to reproductive health (e.g., AIDS and sexually transmitted disease [STD] prevention and treatment). This is no doubt a very important endeavor; however, it will need to be preceded by experimental studies or operations research to examine the impact on users, providers, and the costs of expanding the array of services. As of now there is no body of data or experience on which to do any serious analysis.

Given the current international climate for population policy development, OPTIONS II and any follow-on project do have a role in ensuring that women's perspectives and needs are considered alongside demographic objectives of national family planning programs. Incorporating women's groups into the policy process would be a first step. Applying the demand fulfillment analysis to setting program goals is a logical next step.

Conclusion: OPTIONS has identified several policy issues that are presented as new directions for the project. Some of these are the logical outgrowth of its ongoing work (such as sustainability and medical barriers). The issue of decentralization, which came to the project fortuitously, ties into a growing interest in a number of developing countries. Decentralization is perceived as a way to further implementation of population policies especially where the institutional capacity at the center is a constraint. Other issues, such as the study of the feminist perspective on medical barriers, were pursued because of a tangential, but insufficient, link to OPTIONS' main work. USAID needs to work more closely with OPTIONS staff as new ideas emerge to ensure that the project's staff and financial resources are used appropriately. Perhaps if OPTIONS had a technical advisory group, this body could also help judge which new issues would be most fruitful and appropriate for OPTIONS' attention. (See also footnote 27 in Section 3.3.)

2.9 Internal Evaluation

The OPTIONS contract calls for management reviews and one external evaluation. Various outcome indicators were listed to guide these assessments of the project's work. The contractor was also expected to develop additional measures of program outcome and to set up internal monitoring and evaluation systems.

An internal monitoring system was established and tracks project activities and outputs. Each semiannual report summarizes the project's activities in specific areas (publications, dissemination, analytic tools, fellows programs, etc.) and by country. The level of effort is also specified by country and non-country activities. A series of tables on deliverables, prepared for this evaluation, were used in assessing the quantity of project outputs. As mentioned elsewhere in this report, by the end of the third year OPTIONS had more or less fulfilled the contractual requirements in terms of quantities of activities.

The project has also devoted a small amount of effort to developing evaluation guidelines and indicators for internal and external evaluation.²³ During the project's first year, an evaluation working group prepared a set of evaluation guidelines that were approved by the USAID CTO.²⁴ These guidelines called for the development of evaluation plans as part of every OPTIONS II country strategy and evaluation tasks as part of project work plans. The guidelines showed both performance or progress and outcome indicators and suggested a format based on USAID's logical framework (log frame) used for project design. Subsequently, two efforts were initiated to apply the guidelines to OPTIONS strategies in Niger and with CERPOD. In each case, a matrix of indicators was developed to help evaluate OPTIONS country strategies²⁵ (see Appendix J). The OPTIONS work scope for assistance to Mexico included a list of policy outcomes but did not describe how success in achieving these outcomes would be evaluated.

²³A detailed breakdown of project expenditures through September 1993 shows that \$28,000 of core funds has been spent on evaluation and indicators. The semiannual progress reports do not track staff time for this work, although a modest level of effort can be assumed from OPTIONS expenditure data.

²⁴The draft evaluation guidelines appear in a memorandum from Tom Merrick to the OPTIONS II evaluation working group dated May 13, 1991.

²⁵Most recently, a matrix of indicators was drafted for OPTIONS' work in Brazil.

The project's work on evaluation is clearly still evolving. The early work undertaken by the working group looked very promising but for various reasons was not followed up.²⁶ More recently, OPTIONS evaluation activities have been revived and are closely related to The EVALUATION Project's efforts. In fact, it is difficult to separate the two since several OPTIONS staff persons are on the Policy Working Group of The EVALUATION Project as well as the OPTIONS' Indicators Working Group. A broad conceptual framework for evaluation of policy has generally been agreed upon and will be published as a chapter on policy environment in the "Handbook of Indicators for Family Planning Program Evaluation of The EVALUATION Project." A November 1993 meeting of the Policy Working Group developed additional policy indicators. While progress is being made, the work is not complete.

OPTIONS has developed a "frame of reference" for the project's evaluation work as well as a list of "indicators of progress toward objectives" for each of the five mandate areas. The frame of reference is not very informative. The lists of progress indicators have many useful items but lack the coherence that would come from placing the indicators within a matrix to give some sense of true progression over time as well as the likely links among inputs, outputs, outcomes, and impacts. These lists have been used to some degree in the discussion of the impact of OPTIONS' work in several mandate areas (see Sections 5.1 and 5.4).

Conclusion: OPTIONS has contributed to the ongoing work on evaluation of policy activities. Except for a few initial attempts, efforts to incorporate evaluation in all OPTIONS country strategies were not forthcoming. Some progress is being made through EVALUATION (with OPTIONS staff involvement) to develop policy indicators.

Recommendation: OPTIONS should continue to participate in the Policy Working Group of The EVALUATION Project. OPTIONS is the ideal vehicle for testing the feasibility of using policy indicators. Several such pilot efforts should be carried out using the guidelines prepared by the project's initial evaluation working group and using a combination of the early matrix format and some of the indicators of both performance or progress and outcome that are currently being developed under EVALUATION.

²⁶Reasons for this may include 1) staff changes since Merrick, who was head of the working group, left the project, 2) USAID's adoption of the Priority Country Strategy may have led to the abandonment of country assessments (applying the evaluation guidelines was to have been one component of these assessments), and 3) OPTIONS staff was so busy carrying out activities in various countries that there was not time to develop the evaluation component.

3. ORGANIZATION AND MANAGEMENT

3.1 Staff

The staff of OPTIONS II is strong, especially in field experience and language capability. At the time of the evaluation, several key senior staff members had left the project for reasons unrelated to project management. Nevertheless, this has left the project with a younger staff and fewer recognized experts.

The staff employed directly by the prime and subcontractors is used heavily in both core and buy-in activities, with the bulk of activity carried out by staff of the prime contractor. (See discussion in Section 3.4.) Minimal use is made of outside consultants. The evaluation team was informed that this approach was used consciously because of several factors. First, for those consultants who devote a large percentage of their time to OPTIONS, the project management practice is to hire them as regular staff, even if part-time. Further, OPTIONS staff explained that consultants are called on for their specialized expertise when possible. However, consultants are not always available for an extended commitment and the continued involvement required by Missions and needed by LDC counterparts. One budgetary consequence of using staff instead of consultants is to draw down on core funds due to application of overhead to staff time. (Budgetary implications for buy-in contracts are minimal because overhead rates are applied similarly to staff and consultants in Q contracts.)

Given heavy reliance on regular staff to carry out the project, it is interesting to compare the activities planned and undertaken with staff qualifications needed and available. These parameters are estimated very roughly in Table 2.

Table 2 points out that the majority of staff persons are trained in fields from which population policy professionals are traditionally drawn (demography and social and communication sciences). The mandate areas of the project, however, tend to demand more different and specialized areas of expertise. It appears that areas in which there are more staff persons employed and/or in which less specialization is required are the areas in which most activity has been undertaken. It is logical that the project would tend to focus most on areas in which the staff is most comfortable working.

Even in the area of planning, in which a variety of activities have been undertaken and for which staff would appear to be well qualified, there are no project staff persons with experience in sector-level strategic planning. Similarly, staff members with qualifications in economics, law, business, and so forth, often do not (or did not) have experience specific to population policy. It may be argued that few people possess the qualifications needed by this project. However, a conscious effort to go beyond the confines of project or contractor staff for specialized qualifications would maximize access to uniquely qualified staff persons who may be required.

The desire of the contractor to use staff persons who are also employed on other complementary projects implemented by the firm may also help explain the tendency to use in-house staff. In addition to restricting access to individuals with special qualifications, this practice may have led to some of the confusion which exists between projects implemented by the prime contractor, including RAPID IV, SOMARC, and EVALUATION (on which the OPTIONS prime contractor, The Futures Group, is a subcontractor). (See discussion in Section 3.5.)

TABLE 2

OPTIONS ACTIVITIES PLANNED AND UNDERTAKEN WITH STAFF QUALIFICATIONS NEEDED AND AVAILABLE			
MANDATE AREA	NUMBER OF ACTIVITIES PLANNED/UNDERTAKEN	NEEDED STAFF QUALIFICATIONS	ACTUAL NUMBER OF STAFF
STRATEGIC PLANNING	8/14	Planning, Public Administration	7
INCREASING PUBLIC SECTOR RESOURCES	8/4	Economics, Public Finance, Policy	5
REFORMING LAWS AND REGULATIONS	12/3	Law, Public Policy	2
INCREASING PRIVATE SECTOR RESOURCES	8/8	Business Administration, Economics (Marketing, Communications)	9
BUILDING CONSENSUS	4/14 (3 Social Science, 8 Demography, 9 Other)	Various	20

Recommendations: The project should consciously broaden its net for accessing qualified individuals to carry out project mandates, probably by use of more outside consultants, especially as staff attrition occurs. In future efforts, USAID should define as explicitly as possible the areas of expertise needed and expected within the project staff and should monitor closely the use of staff in project implementation.

3.2 Project Management and Reporting

OPTIONS II has experienced considerable turnover in management during its first three years. The first director of OPTIONS II (carrying over from project director under OPTIONS I) left OPTIONS II after 11 months, the deputy project director acted for eight months, and the current director has been in place for approximately 21 months. There is wide recognition that current project leadership has provided the project much-needed direction and stability. The project director and deputy director appear to work very well together and to complement each other in a positive manner. The project appears to receive good support from administrative and support staff, judging from the lack of concern about this aspect of project administration expressed to the evaluation team. (As a result, and because of time constraints, this aspect of the project was not examined in depth by the evaluation team.)

The evaluation team noted the "flatness" of the project organizational structure, in which most staff persons are senior analysts. (See Appendix L for OPTIONS II Organization Chart.) The lack of

differentiation among staff persons extends to the project director and deputy director, who spend a large proportion of their time on project implementation, including extensive travel (about 20% of their time). Given the large proportion of high-level staff persons, the relationships within the project are extremely good. Many staff members credit this good working relationship to the emphasis on teamwork and the positive tone set by project leadership. In addition, the large volume of work and extent of countries worked in allows for a great deal of delegation and opportunity for many staff persons to act as country and working group leaders. This may account in part for the apparent high degree of job satisfaction among the staff members. This is particularly true among staff persons of the prime contractor, who have been assigned as team leaders to most of the country teams. (Prime contractor staff members are country team leaders in 17 out of 23 cases.)

In the area of reporting, routine reports are submitted promptly and are well documented. Recent changes and updates in the project information system have facilitated *ad hoc* reporting, as demonstrated by the prompt responsiveness of the project in preparing a variety of materials requested by the evaluation team. The matter of trip reports and other reports on project tasks, however, was an area of concern to a number of people interviewed by the evaluation team. A review of a log of trip report activity provided to the team by project management revealed that for approximately 80 trip reports submitted between October 1992 and early November 1993, an average of six weeks elapsed between the date of the traveler's return and submission of the report to USAID. Part of the delay is encountered between the time the report is turned in by the traveler and submission to USAID, because all reports are reviewed by project management before submission.

Conclusions and Recommendations: Given the complexity of project objectives and of the organizational structure (including numerous subcontractors), relationships among project staff members are harmonious, and morale and output are good. However, there are a few management issues which need attention. First, there is a need for improved distribution of responsibilities between the prime and subcontractors. (See discussion in Section 3.4.) Second, as discussed above, there is a need to focus on timely follow-up and production of reports and deliverables. Third, there is a need for senior staff focus on vision and emergent policy issues (as discussed in Section 2.7). All of these issues can be partially addressed by limiting the travel and implementation responsibilities of senior staff persons in order to insure continuity of management and attention both to detail and to project vision.

3.3 Relationships with USAID

Relationships between the project and USAID/Washington have been complicated by frequent changes in technical monitors in the Office of Population. The project is currently working with the third USAID manager in the three years of the project. In addition to the turnover of staff, USAID first line project managers are now generally not direct hire. This means they have less experience in USAID and fewer networks which can benefit the project. This is seen as a loss by the contractors, who would like greater involvement by USAID direct hire staff in project content. Project management also complained that USAID managers are increasingly focused on details and not on providing guidance and leadership to the project.

The USAID manager views this need to focus on detail as a function of the lack of attention to detail by contractor management, resulting in USAID/Washington having to manage complaints from the field about clearances for travel, lateness of reports, and other logistics issues. Adding to the difficulties of USAID management of the project are the complications presented by the new Q contract mechanism for Mission buy-ins to the project. Both USAID/Washington and Missions find the Q contracts requirement an additional burden to administer. Essentially, this mechanism requires that the Mission buying in develop a Scope of Work for the buy-in, the contractor respond with a proposal, and the USAID contracts officer negotiate each buy-in separately—a process which often takes an inordinate and unexplained length of time to accomplish.

Contractor management has adjusted to the Q contract requirement and observed that the negotiation of each buy-in Scope of Work helps give specificity to activities in countries with buy-ins, a characteristic which is less obvious in many countries in which activities are funded out of core funds. For some countries, the profit margin on buy-ins is higher than that on core, providing incentive to the contractor to seek buy-ins. The contractor also complained, however, about the extreme slowness of the USAID contracts office in processing buy-in contracts.

From the point of view of the Missions, the high cost of Q contracts makes Missions unwilling to build administrative costs into their contracts. As a result, buy-ins become expensive to the core, as discussed further in Section 4. In general, however, once the buy-in has been approved and work is underway, Missions report being extremely pleased with the work of the project. Eighteen out of 24 Missions surveyed in preparation for the evaluation responded—virtually all countries in which OPTIONS has had significant involvement. Mission responses were uniformly positive, providing ample evidence of responsiveness and effectiveness of project staff and of results and impact of project activities.

Recommendations: The contractor should make every effort to minimize the work of the USAID project officer by attending to as many details as possible in order to conserve USAID management time for focusing on content issues. The problems observed on the side of USAID, namely the lack of direct hire staff persons and the bottlenecks in the contracts office, are generic problems that are not specific to this particular project. However, USAID management should take note that these recurring issues are constraining the effective implementation of yet another project. One partial solution to the diminished ability of USAID to provide technical input to the project is to activate the technical advisory group referred to in the contract but never established.²⁷

²⁷ OPTIONS staff made several useful comments about the role of a TAG. Although the objective of a TAG is worthwhile, the ability of a TAG to respond to technical issues does not always satisfy the need. This may be due to the limited time TAG members can devote to reviewing project activities. Further, the composition of a TAG is important. Not all technical experts are familiar with USAID policy, Missions' concerns, and a project's Scope of Work. It is helpful to include on a TAG a few individuals who understand the USAID environment. An alternative idea might be to conduct a series of one-day technical meetings on specific issues. Consultants with relevant expertise would participate in such sessions. Another suggestion is to include senior LDC policy-makers as members or senior advisors to ensure that project is responsive to developing country needs.

3.4 Relationship between Prime Contractor and Subcontractors

Each of the subcontractors had a fairly clear role to play at project inception. The Population Reference Bureau was to undertake dissemination and training regarding desk-top publishing and presentations. The Urban Institute would supply economic expertise. The Development Group, Inc. would concentrate on Latin American applications of management information and other technical systems, and the Carolina Population Center would supply expertise in planning and training.

As the contract has unfolded, some contractors have turned out to play lesser roles than originally envisioned. CPC will receive much less from core funds than originally budgeted. A resident advisor is being paid out of Urban Institute funds. Net of this payment, both UI and PRB will complete somewhat less project work on core projects than originally budgeted. None of the subcontractors is providing effort on the buy-ins even though the level of effort represented by the buy-ins is substantial. The Futures Group staff sees this issue partly as a problem of the availability of subcontractors' staff to take on additional work (especially in light of staffing changes or other staff commitments) coupled with a reluctance to add additional staff persons whose time may not be fully covered by OPTIONS activities. After three years of a five-year contract, it will be very difficult to alter these patterns. The track record on the division of labor between the prime and the subcontractors (especially on buy-ins) will make subcontractors wary of taking risks by hiring new staff.

Several questions emerged in the course of the team's evaluation as a result of this departure from the effort pattern of the core contract. First, what are the consequences in terms of project quality of shifting away from organizations with known expertise? Second, what are the consequences for subcontractors of limiting their participation in buy-ins? Third, what is the impact on the prime contractor of performing most buy-in work in-house?

The first question will be answered in more detail in the discussion of project impact. It seems clear that, all else constant, using established expertise is preferable to attempting to develop in-house alternatives. Regarding the consequences for subcontractors and the prime contractor, the team found evidence of strain. Some subcontractors expressed concern at being asked to help develop buy-in proposals but then receiving very little in the subsequent contracts. In at least one instance, this has generated enough ill will to have the potential to affect project performance. At the prime contractor, there seems to be so much incoming work for prime contractor staff to do that ongoing work suffers. Lateness of trip reports was a very common complaint among our survey respondents, and some of the more flexibly scheduled activities of the project tend to suffer from long delays in production.

Conclusions: In general, the prime contractor and subcontractors displayed a good working relationship with clear areas of responsibility for each. As subcontracts have accumulated, however, what was a slight pattern of in-house assignment of core-funded tasks by the prime contractor has become quite pronounced. This has created some friction between prime and subcontractors.

Recommendations: The process of assigning tasks among organizations implementing OPTIONS should be modified. In particular, regular meetings should be instituted involving one or two representatives of project management from each of the organizations. This relatively small

group can meet as often as needed to discuss issues in project implementation including performance of ongoing work and responses to buy-in requests.

3.5 Links to Other Projects

OPTIONS interacts with other CAs of USAID as well as other donor organizations. There is considerable evidence of interaction at the field level, both with other CAs and with other donors, as noted in several of the country discussions in Section 2.3. However, there was less evidence of interaction of the project with other CAs and donors at the headquarters level.

The number of international leadership presentations given by OPTIONS II to date has fulfilled the contract's requirements. However, the project will need to continue such efforts throughout its remaining lifetime. There is some question about whether OPTIONS is exerting sufficient leadership in sharing its work and tools with other CAs and consistently at other important fora, for example NCIH. The evaluation team found that recognition of the project by headquarters staff of other organizations polled was slight in the case of UNFPA (which may be as telling of UNFPA staff as it is of OPTIONS) and greater in the case of the World Bank, at least for some countries or regions. The outstanding international leadership noted in the first years of the project (see Management Reviews of October 1991 and October 1992) has declined noticeably with the loss of several key senior staff, particularly within the subcontractor organizations (PRB and UI).

OPTIONS similarly has demonstrated insufficient effort to access output of other organizations in developing policy tools, discussion papers, and so forth. This is illustrated in the bibliographies of a number of project papers (though not all) which tend to cite in-house sources heavily.

Recommendations: It is recommended that project management spend more effort in communication with other CAs and donors (see also the recommendations in Section 3.2), senior project leadership lost by attrition be replaced, and other staff members be encouraged to develop and maintain contacts with headquarters staff of other agencies.

4. FINANCIAL MANAGEMENT

The budget for the five-year OPTIONS II Project is \$12,813,000 in core funds and \$7,130,000 as of 30 September 1993 in buy-ins, for a total budget to date of \$19,943,000. Unlimited add-ons through Q contract buy-ins are available, therefore the total budget amount is likely to increase over the remainder of the contract. Expenditures of core funds through 30 September 1993 totaled \$8,310,000, leaving \$1,994,000 in the core pipeline. At either the actual monthly burn rate of the past 12 months (\$273,000/month) or the slightly smaller monthly burn rate of \$256,000/month projected by project management for the upcoming year, the projected lifetime of core funds is under eight months. The projected duration of core funds is just under 44 months over what was intended to be a 60-month project. Proposed renegotiated contract terms which divert funds to salary and overhead line items from travel and subcontractors would allow the project to continue to operate at current burn rates until December 1994, which would yield a project lifetime of about 51 months.

Buy-ins were expected at project inception to total roughly \$4,000,000. Of the \$7,130,000 in buy-ins to date, approximately \$4,900,000 was obligated to OPTIONS in 1993. Approximately \$1,763,000 has been expended in buy-in funds through 30 September 1993. Given the rapid burn rate of core funds, however, it is problematic to assess the amount of these buy-ins likely to be completed by the project. Many of the more recent buy-ins have activity projected to occur through the fourth quarter of FY95, but core funds on this project will be exhausted no later than the first quarter of FY95 at current burn rates.

The impact of Q contract buy-ins constitutes a significant financial management issue. The issue is salient for all projects operating under these contracting provisions, and therefore the points raised here regarding the implications of Q contracts should be construed not as specific to OPTIONS II, but rather as illustrations, using this project, of the more generic effects of Q contracts. The perception seems to be that buy-ins are a good way to leverage core funds. In fact, the amount of leverage may be limited. Start-up and ongoing administrative costs for buy-ins both come from core funds and therefore limit the extent to which leverage is exerted.

It is difficult to isolate precisely how much is spent from broad categories like administration on developing and administering buy-ins. Nevertheless, an indication of the impact of buy-ins on core finances can be seen in core project expenditures in non-priority countries. Reflecting USAID's current funding strategy for population activities, core funds are expected to be used in priority countries. Project activities in non-priority countries are expected to be funded by Mission buy-ins. This appears largely to be the pattern the project has followed, especially considering that the Priority Country Strategy was not implemented until well after the start of the project. However, a substantial share of core funds has been spent in non-priority countries. A total of \$1,180,900 has been expended on buy-ins for non-priority countries to date. An amount of \$910,300 of core funds was also charged to these countries. Table 3 details these expenditures. This amount represents roughly 11% of core funds, or about four months of activity at projected burn rates. More strikingly, about 43% of total expenditures in non-priority countries with buy-ins came from core funds. (*Buy-in spending as a percentage of total spending in non-priority countries will, of course, increase as program activities under the buy-ins is completed.*) Q contracts carry with them a significant management burden, as each must be contracted separately and each carries substantial administrative requirements. The effect of extensive Q contracting has apparently been to shorten

the lifetime of the project. It bears repeating that the total effect of the large amount of buy-ins is larger than Table 3 shows because the management category absorbs a substantial share of the administrative costs for these activities.

TABLE 3

CUMULATIVE CORE AND BUY-IN EXPENDITURES IN NON-PRIORITY COUNTRIES		
COUNTRY	CORE FUNDS (\$000)	Q FUNDS (\$000)
MADAGASCAR	70.09	8.26
NIGER	111.2	508.1
YEMEN	59.6	69.0
BOLIVIA	185.8	51.5
ECUADOR	46.4	0.2
GUATEMALA	258.4	150.8
JAMAICA	169.9	393.1
TOTAL	901.3	1,180.9

A look at expenditures in priority and non-priority countries, controlling in crude fashion for level of activity, sheds further light on the issue. Regressing core, buy-in, and total expenditures on a count of the number of mandate areas in which OPTIONS II is working yields the information summarized in Table 4. This illustrates the limited amount of leverage actually generated. If a single mandate activity is undertaken in a non-priority country, these numbers indicate that on average, it costs about \$64,000 in direct expenditures of core funds for start-up and about \$35,000 in direct expenditures of core funds per mandate area attacked. For single-mandate countries (the 10 to 15 "non-high emphasis" countries of the contract), this implies an average of \$99,200 in direct expenditures used to generate just about \$73,000, on average, in buy-ins. Factoring in overhead and profit more than doubles core expenditures, implying that every dollar of core funds spent in non-priority countries "leverages" between 30 cents and 35 cents worth of buy-ins.

Two additional points are warranted in terms of the relationship between core and buy-in funding.

There appears to be a good level of cooperation between USAID/Washington and USAID Missions on funding decisions. In many circumstances, core funds are used to start up activities prior to the availability of buy-in monies (i.e., bridging funds). In other settings, depending on the availability of Mission funds, an entire Scope of Work may be jointly funded. Such decisions are made on a case-by-case basis by USAID/Washington and the Mission.

TABLE 4

FIXED AND VARIABLE COSTS (Statistically Significant Coefficients in Bold)			
	AS SHARES OF		
	Core Funds (\$000)	Buy-in Funds (\$000)	All Funds (\$000)
PRIORITY COUNTRIES			
FIXED COST	\$65.7	-\$2.7	\$63.0
VARIABLE COST	\$54.1	\$44.3	\$98.4
NON-PRIORITY COUNTRIES			
FIXED COST	\$64.2	\$1.4	\$65.6
VARIABLE COST	\$35.0	\$73.0	\$108.0

A final point on the relationship between core and buy-in expenditures concerns the implementation of USAID's Priority Country Strategy. Given that OPTIONS II began prior to the Strategy's introduction (when there was no restriction against working in non-priority countries), some activities had already been initiated in these smaller countries. Hence a certain level of expenditure in such countries, albeit relatively small, was already committed from the early days of the project.

Conclusions: The project has spent core funds at a rate much faster than originally envisaged. This appears to be due in part to the funding of resident advisors from core funds and in part to a high level of activity. Regarding the latter point, a substantial share of core funds has been expended since the inception of the Priority Country Strategy in generating and administering buy-ins in non-priority countries. Proportionally more core funds than originally budgeted have gone to prime contractor salaries, again due in part to core funding of resident advisors. A dramatically large share of buy-ins has gone to prime contractor salaries.

Recommendations: As will be discussed in greater detail subsequently, the team recommends that the project slow its burn rate of core funds. As discussed in Section 3.4, we also recommend that the project draw more heavily on existing expertise in undertaking project activities. This need is most evident in subcontracts, where prime contractor staff is undertaking most of the work.

5. IMPACT

The following discussion looks at each of the five mandate areas of the project and reviews the evidence for impact or potential impact of OPTIONS' work. In those countries where project efforts have been intensive, multifaceted, and of relatively prolonged duration, there is good or promising evidence of impact. In other cases, either where project activities are fairly recent or relatively modest efforts have been undertaken, impact is more difficult to assess. (See Appendix K for a Description of OPTIONS II Activities through FY93 by Mandate Area and Country.)

5.1 Consensus Building

The first element in the OPTIONS contract is formulating comprehensive national population policies. While it is recognized that having an official policy does not necessarily lead to improved family planning services, consensus building that is part of policy formulation can improve the environment for family planning. The contract called for such assistance in only four countries because it was thought that most countries had already adopted policies and were in the process of implementing them, thus needing the kinds of support represented by the other mandate areas.

After the first three years, OPTIONS has provided assistance to 13 countries in the area the project now defines as building consensus on national population and family planning issues. According to OPTIONS staff, the emphasis under this mandate area has broadened to include not only support for formulating policies but also support for implementing them. The types of activities subsumed under consensus building include the following:

- Assistance in formulating policies and laws (Guatemala, Niger, and Yemen)
- Assistance in assessing the potential role of a national population council (Nigeria)
- Assistance in developing communication strategies and/or carrying out specific dissemination activities such as conferences, StoryBoard computer presentations, publications, media campaigns, and training in desk-top publishing (CERPOD, Egypt, Ghana, Guatemala, Haiti, Jamaica, Morocco, Niger, Senegal, and Yemen)
- Observational travel (CARS and Guatemala)
- Assistance in preparing for the 1994 International Conference on Population and Development in Cairo (Egypt, Peru, and Yemen)

In general, OPTIONS receives very high marks for its work in consensus building and has contributed to policy development and implementation in many countries through these efforts. Assessing the impact of these activities is difficult given that consensus building is by definition a process involving many different steps and types of activities. No one activity or set of activities will necessarily result in a policy being adopted or implemented. OPTIONS developed a list of progress indicators for its work in this mandate area. However, even with this list, it is difficult to judge impact (whether immediate or longer-term) of the consensus building activities without knowing the specific objectives of each activity. Such information may be present in some OPTIONS country strategies, but the evaluation team saw no systematic evidence of such an effort to spell out objectives and likely progress and outcome indicators (see Section 2.8 on internal evaluation).

OPTIONS has been successful in creating or strengthening institutional capacities in some areas of policy communication. Several institutions that received OPTIONS training and assistance in desk-

top publishing and information dissemination have clearly developed a local capacity to produce and disseminate materials (examples include CERPOD, Ghana, Guatemala, Jamaica, and Niger). OPTIONS assistance to countries in the Sahel region deserves special mention. Not only has OPTIONS worked to strengthen capacity at CERPOD, but OPTIONS has also worked collaboratively with CERPOD staff in planning and implementing work in particular Sahelian countries, such as Niger.

Conclusion: OPTIONS has carried out a considerable number of consensus-building activities that have contributed to policy development in many countries. The project's experience shows that consensus building is an ongoing process consisting of different kinds of activities (many of them emanating from a policy communication strategy) regardless of whether a country is formulating or implementing its population policy. Assessing the impact of the consensus-building activities is not possible without knowing the objectives of the activity along with both progress and outcome indicators. Even so, evidence of successful efforts to enhance local capacity in policy communication exist.

Recommendation: Both OPTIONS and USAID should anticipate that there will continue to be a demand for consensus-building activities in the remaining life of the project. In future assistance projects, the level of effort for this area should be increased. Further, although consensus building represents only one component of policy development, the project should state explicitly the objectives of the activity and the progress and outcome indicators to facilitate evaluation of the work.

5.2 Strategic Planning

In the mandate area of developing national plans for expanding family planning services, the project developed the policy paper on strategic planning as an initial step toward defining this project element. The application of this policy tool in country-level work has been restricted to only a few countries, although it has been widely used by USAID Missions in their planning processes. (See discussion in Section 2.4.1.)

Over the course of the project, the project staff has further defined this mandate area as planning for strategic decision making. Included in this rubric is development of strategic plans, application of planning tools by country programs and USAID, and increasing planning skills in-country. Activities which "demonstrate the role of analytical data in providing a comprehensive understanding of the environment; formulating decisions and setting priorities for the future; and preparing new plans or adapting existing plans to a changing environment" are considered planning activities. Specifically, the project defines "the further analysis of DHS data to assess consumer demand of all methods of contraceptives in order to improve the method mix and diversify the service of delivery points" as a practical application of strategic planning.

Project staff classifies various activities undertaken so far in 14 countries as planning activities, including strategic plans; program plans; program analytic tasks, such as exploitation of the DHS; application of the Target-cost or QUIPUS models; mobilization of data; program operation; and institutional analyses. By using this extremely broad definition, activities which are limited in scope are included within the category along with much more extensive activities. This makes it somewhat difficult, therefore, to define indicators of impact in this mandate area, because there

may be greater or lesser effect of an intervention of low significance, or greater or lesser effect of an intervention of great significance, some or neither of which may lead to impact. Table 5 attempts to distinguish among the 14 country examples of planning which appear to have had high impact, low impact, or are too recent to determine any impact. In each case the type of activity is briefly described and the reason for impact given. (See also Appendix K.)

Conclusions and Recommendations: Many of the planning activities undertaken by OPTIONS II have begun too recently to expect, or to be able to assess, results. In other cases, high impact cannot be expected due to low levels of effort, except in cases where these interventions are combined with interventions in other mandate areas. In several countries, the combination of numerous interventions, including those classified as planning, over an extended period of time has led to apparent impact. In no case has full-scale sectoral-level strategic planning been undertaken in a way in which measurable impact could be expected from planning inputs only. It is important that project management take note of the need for multiple inputs and/or a full-scale strategic planning process in order to achieve impact.

TABLE 5

OPTIONS PLANNING ACTIVITIES		
HIGH IMPACT		
COUNTRY	TYPE OF ACTIVITY	REASON FOR IMPACT
Ghana	Planning workshop for 11 ministries and agencies to develop national plan of implementation	Recent but reasonable expectation of impact
Guatemala	In-depth analysis of trends and demand; facilitation of semiannual meetings of all family planning agencies	Clear impact of these activities in combination with other project activities over three-year period
Indonesia	Collaboration with BKKBN on development of the demand fulfillment model	Ability to respond to needs/demands of country at current stage of development
Jamaica	Strategic planning for sustainability with NFPB	Planning part of appropriate mix of activities needed to achieve objective of phaseout of donor aid
LOW IMPACT		
Bangladesh	Assistance to USAID in project paper design	Low level of effort
Bolivia	Application of QUIPUS model	Question of effectiveness of model
Nigeria	Market segmentation review	Low level of effort
Peru	Training workshops for program managers on market segmentation at regional level	Incremental training for mid-level staff which will take time to "filter up"
IMPACT YET TO BE DETERMINED		
Brazil	State-level strategic planning	Activities initiated recently
CAR	Direction of strategy development for USAID	" " "
India	Research and analysis; project development activities with Mission	" " "
Morocco	Assessment for policy reform agenda	" " "
Niger	Support for decentralization of MIS	" " "
Yemen	Data analysis and presentation	" " "

5.3 Public Sector Resource Commitment

As is typical where there has been a fair amount of activity, the results in this mandate area, increasing public sector resources allocated to family planning programs, are easier to attribute. In Egypt, for example, work is ongoing in convincing the GOE to look to alternative sources of support for current public sector provision of family planning. OPTIONS has worked on assessing the costs of public sector operations. Its work has been incorporated into the current bilateral agreement, and those queried by the evaluation team clearly felt both the GOE was likely to respond over time and OPTIONS activities had played a major role in bringing this about. Morocco is another example of an OPTIONS country where good things have happened and OPTIONS activities have played a significant role. In Morocco, the Ministry of Public Health (MOPH) has emphasized the role of the national family planning program by creating a budget line item for family planning, easing access restrictions, and other means. OPTIONS activities have generated an internal capability for advocacy within the MOPH for continuing these activities. The USAID Mission assigns to OPTIONS "a strong supporting role in these as well as many other program successes."

The Philippines is a third project success story in this mandate area. OPTIONS staff was instrumental in obtaining the recommendation of the Medicare Commission Board to pursue a pilot project of outpatient reimbursement for a range of services including family planning. In the words of the USAID Mission, "This radical policy shift is partly attributed to the work of OPTIONS analysts."

In Guatemala, the National Social Security Institute inaugurated its first reproductive health unit through activities supported by OPTIONS, according to the USAID Mission. In Jamaica, according to project staff, OPTIONS helped to facilitate policy dialogue aimed at convincing the Government of Jamaica to allocate funds to the National Family Planning Board. The project has also provided the NFPB with technological tools for presentations to strengthen its own advocacy capabilities. While these are clearly desirable activities, it is not possible as yet to assess their impact on public resource provision.

It is difficult to assess the contribution of a program like OPTIONS to the process of public sector resource commitment in settings where the project has been active for a short period of time or less intensively. For example, the project has been active in Ghana where project staff is involved in an effort to restructure the National Population Council. Project activities started relatively recently, though, and it is not yet clear what has been accomplished.

Conclusion: There are specific examples of impact on public sector budgeting and programs in Morocco, the Philippines, Guatemala, and Jamaica and likely impact in Egypt. Where activities are more recent, as in Ghana, OPTIONS' contribution cannot be assessed.

5.4 Reforming Laws and Regulations

This element is described in the contract as reforming laws and regulations which inhibit family planning services and improving the environment for private sector delivery of services through public sector policy interventions. OPTIONS was to assist governments in 12 countries in reviewing laws and regulations that unnecessarily restricted access to services. OPTIONS prepared a policy paper, "Assessing Legal and Regulatory Reform in Family Planning," as a manual for work in this area.

As was described in Sections 2.3 and 2.4.1., OPTIONS II supported a review of the legal and regulatory issues in Egypt and to a limited extent in Nigeria. Further, this mandate area was extended to include the review of medical policies and procedures that serve as barriers to family planning. Such reviews were carried out in Senegal and Guatemala.

OPTIONS II has developed seven progress indicators that can be used to assess the impact of its work in this area. By these criteria, the work in Egypt and Guatemala shows potential for positive impact. The draft Egyptian study has only recently been received by the USAID Mission; however, the Mission reported that the GOE had recently decided to allow distribution of injectables through both public and private sector channels (previously this method had been prohibited) and implied that OPTIONS' work in this area had a role in stimulating the new policy. In Nigeria, it is too soon to speculate on the possible consequences of the assessment. In Guatemala, the assessment revealed significant medical barriers that will be addressed through a third buy-in to OPTIONS. Work in Senegal was curtailed due to the Priority Country Strategy even though the USAID Mission considered the study to have important implications. The Mission plans to pursue this work under the next bilateral project.

Conclusion: This mandate area looks very promising even though OPTIONS has conducted assessments of legal, regulatory, and medical barriers in very few countries (Egypt, Guatemala, and Senegal). Compared to other mandate areas, this one has relatively straightforward objectives and methods of review and analysis. While actually having reforms implemented may be no small task, it should be reasonably easy to determine the impact of such reforms if other factors that might be changing concurrently can be controlled for in some measure.

Recommendation: OPTIONS should look for additional opportunities in which to support assessments of legal, regulatory, and medical barriers to family planning.

5.5 Private Sector Resource Commitment

OPTIONS has been active in several countries in the mandate area increasing private sector resources allocated to family planning. Most of these countries provide clear success stories. In India, OPTIONS has supported work on surveying rural private practitioners regarding their willingness to deliver family planning. It has also undertaken some demand-side work in this area. USAID/India staff reports that the work completed by OPTIONS staff ultimately formed the basis for the Mission's approach to private sector family planning service delivery. The OPTIONS II resident advisor is cited for his ongoing leadership in the private provision of family planning. Similar praise for project efforts come from Jamaica, where OPTIONS was active on several fronts relating to private sector provision of family planning. OPTIONS staff is credited by the Mission with "outstanding" work relating to the divestiture of its social marketing program by the (public) National Family Planning Board. Jamaican work on private sector supply has also included a seminar on long-term method provision to private physicians, a survey of existing private providers, and focus group work with clients. In Peru, project staff has worked on a range of topics, including analyses of a Mission initiative for employer-based family planning provision and extensive market segmentation work. The Mission in Lima was particularly complimentary of the work of the OPTIONS resident staff in Peru.

In other countries, the project has been less active in this mandate area, and evidence of success is relatively sparse. In Indonesia, work on market segmentation is intended eventually to help identify potential private sector users. The Mission focuses its comments on other aspects of this effort, however, and it appears that while OPTIONS' project work has had a striking effect on strategic decision making in Indonesia, the impact on private sector resource allocation has not yet occurred. OPTIONS staff in Indonesia has also worked on an analysis of the Blue Circle contraceptive social marketing scheme. It is not clear what impact this has had on policy, though the Mission is complimentary regarding project response to its request for this technical assistance. In Nigeria, the private sector supplies a large proportion of family planning users. The project has only recently begun work there, however, and the Mission in Lagos could say only that the planned work, particularly on market segmentation, sounded promising.

Conclusion: OPTIONS II's work in stimulating private sector resource commitments has had positive impacts in India, Jamaica, and Peru. In those countries where there has been less or more recent activity (Indonesia and Nigeria), it is not possible to assess impact.

6. RECOMMENDATIONS FOR THE REMAINDER OF OPTIONS II

6.1 Project Focus

The project has achieved or exceeded most of its quantitative targets, although the distribution of activities among the project mandate areas has not occurred exactly as planned. Activities within and between countries has been somewhat scattered, with less attention on planning for impact than on generation of activity. Because of the emphasis on generation of activities, the project also has overspent its core funds. It is therefore recommended that for the rest of the life of the project attention be focused on the following:

- Consolidation of activities in countries in which the project is currently working.
- Careful attention to planning for impact of the activities undertaken in each country.
- Slowing down expenditures of core funds to the extent possible. Specific ways of doing this have been cited in the recommendations of preceding sections:
 - * Using buy-in funds to cover resident advisors
 - * Looking for efficiencies in the use of core funds in non-buy-in priority countries
 - * Looking for more general ways to save funds, e.g., employing consultants rather than hiring new staff, using other project resources where available and appropriate (e.g., SOMARC, RAPID, and PROFIT), and limiting start-up of activities in additional countries.

Consolidating and focusing implies a need for close collaborative review of the project work plan by OPTIONS and USAID management.

6.2 Quality Control

Several areas of quality control require additional attention by project management. These include the following:

- Internal review of documents (both planning documents, such as Scopes of Work, and finished products) by project staff, including subcontractors. Internal consultation among staff members is done on a largely *ad hoc* basis, but processes for regular internal review should be established and followed consistently.
- USAID oversight has been limited because of frequent changes in management and limitation of staff resources. A small pool of staff people have been involved with OPTIONS over time and are able to link OPTIONS activities with other USAID projects. The project needs to absorb as much of the management of details as possible to allow USAID managers to work together with project management on content issues. An external technical advisory group should be constituted as soon as possible to provide additional professional external review and oversight to the project.

6.3 Staffing

The project is staffed by an impressive cadre of young, middle-level professionals. There has been high turnover among senior staff, and while this is no fault of the project, the loss of these individuals must be compensated for. The mix of professional backgrounds of the staff is somewhat limited, partly due to the project's reliance on full-time staff and prime contractor staff, with limited use of outside experts with complementary skills. Because of the need to broaden the skills mix available to the project, as well as to minimize the use of core funds, it is recommended that increased use be made of consultants instead of hiring additional staff or replacing full-time staff lost to attrition.

6.4 Communication and Dissemination

Regular quarterly staff meetings with all professional staff are beneficial and should be continued, but increased regular communication (weekly or biweekly meetings) between the prime contractor and subcontractors at senior staff level could improve management and project outcomes. The project should work to improve its communication with other CAs, donors, and other interested parties by engaging in more systematic outreach both to receive input and to disseminate project ideas and results.

7. RECOMMENDATIONS FOR A FUTURE PROJECT

Based on the review of OPTIONS activities in many developing countries, it is clear that the need for assistance in population policy development will continue for some time. Many of the USAID priority countries and numerous others are in the throes of implementing national policies and plans with varying degrees of progress. USAID, through its various policy development projects, has provided much needed assistance. OPTIONS II has provided an impressive level of policy assistance across the project's five elements or mandate areas. In so doing, excellent experience has been gained about the approaches and methods being applied and the continuing need for policy assistance.

This final section of the evaluation lays out a number of issues that should be considered by USAID's Office of Population as it begins to prepare for the next generation of policy assistance projects.

7.1 Mandate Areas and Emergent Issues

A future policy project should continue to focus on the five mandate areas addressed by OPTIONS II. OPTIONS II has also worked on several additional issues as discussed in Section 2.7. Most of these activities seem promising and can be pursued alongside or in the context of the existing mandate areas.

Decentralization is an issue of growing importance in many developing countries, particularly in Africa. Governments are taking an increasing interest in the potential of decentralization to transfer responsibilities for program implementation to district and local levels. The nascent experiences of OPTIONS II should be amplified in any follow-on project. This could involve developing training materials and case studies of successful efforts to decentralize population and family planning programs.

OPTIONS' work on **sustainability** issues ties into its efforts to rationalize public and private sector resources devoted to family planning. Closely related are its efforts to promote the private sector (by using the contraceptive market model and DHS data) as well as its work in demand fulfillment analysis. These should also be pursued in a future project.

Analysis of policies and procedures that serve as **medical barriers** to access of family planning is an extension of OPTIONS' work in the legal and regulatory area and should also continue to be addressed in any future project.

Another potential mandate area is **barriers in the service delivery system** that affect if and how users obtain services. Such barriers include clinic location, hours, availability of personnel and waiting time. The strategic planning exercise in Ceara, Brazil confronted basic constraints of the health system that can only be addressed if local governments are allowed the flexibility to obtain and deploy resources. While such issues are part and parcel of assistance provided by service delivery CAs, they are also closely related to decentralization, strategic planning, regulatory reform, and private sector involvement and have important policy dimensions.

Given that the **women's perspective** (and in some cases the feminist perspective) on family planning is a critical issue, OPTIONS' work in this area should be an integral component of the project's strategy in each country and should evolve from issues in particular settings. Frequently women's groups are key players in the policy environment. Where they are not, OPTIONS should attempt to bring them into the process. Further, OPTIONS' early work in looking at demand fulfillment as an alternative to demographic goals is very interesting and is an appropriate avenue of analysis. Interest in exploring the relation of family planning to a broader context of reproductive health should similarly evolve from specific country issues and may, in fact, need to await research projects that try to measure the impact of such broader approaches to service delivery.

An additional issue raised by several individuals outside OPTIONS is the need to broaden the focus of a future project to extend beyond family planning supply issues in order to examine critical issues of demand or the lack of **demand for family planning**, particularly in some African countries.

7.2 Policy Analysis Tools

A number of OPTIONS II policy papers and models have potential for application in the future. Most of the policy papers serve as useful introductory articles that, when accompanied by actual country applications or case studies, should form a useful set of materials for future work. Similarly, the Target-cost and contraceptive market models, as well as programmatic use of DHS data, warrant more attention in a future project. OPTIONS II has relatively modest experience in applying these tools in any systematic way. A follow-on project should emphasize verification of the models (if not completed under OPTIONS II) and the application of these tools and the training needed to ensure transfer of skills and an independent ability to apply and adapt them. Further, in the interest of sustained use of such skills and tools, a future project may need to place greater emphasis on other aspects of institutional development, such as the management and administrative capacity of these institutions. For example, organizational development may be called for.

7.3 Staff and Consultants

USAID should give particular attention to the skills and experiences required to undertake a future policy project. Assuming continued interest in strategic planning, resource allocation, privatization, and decentralization, areas of expertise that range from public policy and administration to finance may be required. Further, assuming continuing interest in legal and regulatory issues, additional legal or regulatory expertise may be needed.

A future project should make a concerted effort to tap local expertise by hiring local consultants and facilitating their integral involvement (not piecemeal) in the population policy development in a given country. There are various LDC institutes of public administration and university departments that could, with some introduction and training in policy analysis tools (akin to OPTIONS II's own staff and consultant recruitment and on-the-job training), participate in population policy development activities. This is especially important given the often critical institutional weaknesses of national policy councils. A future project should consistently pursue a strategy that emphasizes local capacity and uses local talent to begin to broaden the number of local players in the policy development arena. (PIP is one excellent example of the success of donor assistance in helping a

local university department become a major resource and player in population policy development in Ghana.)

7.4 OPTIONS and RAPID

These two policy development projects have been implemented side by side for a number of years. Their long-term objectives are similar, and a number of their approaches and methods are similar, if not shared. The two projects also draw on many of the same staff. The end result is that distinctions between the two projects are blurred in the minds of most USAID officials, whether in USAID/Washington or at USAID Missions. USAID should consider combining these two projects in the future. Prior to doing so, however, the RAPID project should be thoroughly evaluated. Further, future project design efforts should pay particular attention to the consequences of merging two large projects, i.e., some important areas may nevertheless be de-emphasized in the interest of focusing on a manageable set of objectives and activities.

7.5 Project Design Process

Given that the OPTIONS evaluation was conducted without field visits, the evaluation team recommends that the process of designing a follow-on to OPTIONS allow adequate time to assess and plan for future policy needs. Ideally, a team should be fielded that would visit several countries where both OPTIONS and RAPID (and even other policy projects) are active. The team might include both USAID staff as well as outside consultants to assess firsthand the work of these projects. Further, the evaluation team recommends that USAID convene several brainstorming meetings with outside senior experts who are knowledgeable about the policy issues and needs in developing countries to advise about possible elements and strategies for the future project design.

APPENDICES

APPENDIX A

EVALUATION TEAM

Nancy Pielemeier, Team Leader
Judith Seltzer
Eric Jensen

Health Policy Specialist
Population Policy Specialist
Population Economist

FIELD WORK DATES

October 25–November 12, 1993

APPENDIX B

LIST OF CONTACTS

USAID/WASHINGTON

Elizabeth Maguire	
Margaret Neuse	
Jim Shelton	
Scott Radloff	
Lori Ashford	
Ellen Starbird	
Krista Stewart	
Barbara Crane	
Liz Schoenecker	
Carl Hemmer	
Jinny Sewell	
Leslie Curtin	
Bonnie Pedersen	
Tom Morris	
Craig Carlson	
Bill Johnson	
John Coury	
Marge Horn	
Keys MacManus	
Roy Jacobstein	
Robert Thurston	AID/ASIA/EA
Zynia Rionda	AID/ASIA/DR/TR

THE FUTURES GROUP

Janet Smith	
Barbara O'Hanlon	Guatemala*
Karen Foreit	Peru, Brazil
Nancy McGirr	
Charles Pill	Ghana
Rhonda Smith	Niger
Naomi Rutenberg	Brazil
Nancy Yinger	
Katrina Galway	Indonesia
Barbara Seligman	
Vijay Rao	
Maureen Clyde	Jamaica
Jim Knowles	

SUBCONTRACTORS

Population Reference Bureau

Alene Gelbard	Brazil
Nazi Roudi	
Rhonda Smith	Niger
Alex de Sherbinin	
Sara Adkins-Blanch	
Sasha Loffredo	Ghana
Nancy Yinger	

* Indicates individual was interviewed on country-specific activities

Carolina Population Center

Linda Lacey

Urban Institute

Ruth Levine	
Genevieve Kenney	
Harry Cross	OPTIONS Resident Advisor, India

The Development Group

Darryl Pedersen	Peru
-----------------	------

BRAZIL

USAID

Jennifer Adams	
Jay McAuliffe	USAID Resident Consultant for Ceara State
Karen Lassner	OPTIONS Local Consultant
Fernando Jose Pires de Sousa	OPTIONS Local Consultant

IPPF

Ann Lion-Coleman

BEMFAM

Elizabeth Ferras

World Bank

Maureen Lewis	
Viva Mulher	Project Director, Dirlene

EGYPT

USAID

Carol Carpenter	Yaman
-----------------	-------

Amani Selim
Warren Robinson

OPTIONS Resident Advisor

National Population Council

Fauzi Abjel Ghaney
Dr. Wakeed Alkhateeb

Director, Institutional Development Project
Resident Management Advisor, IDP

GHANA

USAID

Benedicta Ababio
Charles Llewellyn
Pamela Wolf
Dan Blumhagen

former Population Officer in Ghana

World Bank

David Radel

National Population Council

Dr. Fred Sai

Chairman

Population Impact Project, University of Ghana at Legon

John S. Nabila

Project Director

Ministry of Finance and Economic Planning, Social Sector Policy Unit

Esther Yaa Apewokin

Population Policy Project Coordinator

GUATEMALA

USAID

Gary Cook
Jane Lyons
Dr. McDonald

former Population Advisor in Guatemala
former Vice-Minister of Health

APROFAM

Dr. Santisso

INDONESIA

USAID

Kenneth Farr

Chief, Population Division

Indonesia National Family Planning Coordinating Board (BKKBN)

Dr. Abdullah Cholil
Tohir Diman

Deputy for Program Planning & Analysis

Representatives of CAs and other organizations in Indonesia

Jack Reynolds	Private sector family planning project
Paul Richardson	Private sector family planning project
Andrew Kantner	East-West Population Center
Jack Molyneaux	RAND Corporation
Jay Parsons	UNFPA
Samuel Lieberman	World Bank
Susan Stout	World Bank

JAMAICA**USAID**

Betsy Brown	HPN Officer
-------------	-------------

Jamaica National Family Planning Board

Beryl Chevannes	Executive Director
Lennox Deane	Deputy Executive Director
Dr. Olivia McDonald	Medical Director/Consultant
Ellen Radlin	Acting Director, Project and Research Unit

Jamaican Ministry of Health

Christine Fox	Health Information Unit
---------------	-------------------------

Representatives of CAs and other organizations active in Jamaica

Dr. Margaret Green	Medical Association of Jamaica
Rupert Gallimore	Manager, Pharmaceutical Department, Grace Kennedy & Co., Kingston
Sara Warren	AVSC
Jay Friedman	CDC
Jack Graves	CDC
Nancy Murray	FPMD Project, MSH
Marcia Townsend	IPPF
Julie Becker	IPPF
Carol Hooks	PATH
Sandra Rosenhouse	World Bank
K.V.R. Moorthy	UNFPA Kingston

NIGER

Marilyn Wilkinson	OPTIONS Resident Advisor
-------------------	--------------------------

PERU

USAID

Maria Angelica Borneck

Development Associates

Jim Rosen

Prisma

Jo Gilman

COOPERATING AGENCIES

Tom Goliber

Santiago Plata

Don Levy

Robert Bernardi

Phyllis Piotrow

Karen Katz

Barbara Janowitz

Mark Laskin

Tom Merrick

Barbara Torrey

Martin Bockerhoff

RAPID

CSM

CSM (Jamaica team leader for CSM III)

PROFIT

Center for Communication Programs, JHU

FHI (Niger)

FHI

IPPF

World Bank (Former President, PRB)

NAS (Former President, PRB)

Population Council (Former OPTIONS CTO)

APPENDIX C

OPTIONS II Regional Workshops			
Country	Date(s)	Objectives	Number of participants
Peru	November 1991	<p>Title: <i>The Use of DHS Data in Strategic Planning</i></p> <p>Purpose: To perform secondary analyses of DHS data to estimate current demand and unmet need for appropriate contraception. Results of such analyses can then be used to guide program planning and expansion.</p>	Approximately 15 Latin American representatives from Bolivia, Ecuador, Guatemala, and Peru
Senegal	July 27-31, 1992	<p>Title: <i>Second Regional Conference on Population Policies in the Sahel</i></p> <p>Purpose: To review progress in the implementation of the N'Djamena Plan of Action adopted four years earlier. Delegates noted especially the adoption of national population policies in Senegal, Mali, Burkina Faso, and Niger.</p>	High-level delegates representing diverse ministries of the nine Sahelian countries
Mexico	November 29-December 5, 1992	<p>Title: <i>Third Regional Latin American Symposium on Family Planning and Sexual Health</i></p> <p>Purpose: To provide a forum for discussing operational policies and operational policy constraints in family planning. Topics included "crowding out" of the private sector, demedicalization of services, and the relationship between national law / policy and public programs.</p>	Over 200 family planning managers and providers from over 20 Latin American and Caribbean countries
Uganda	June 13-20, 1993	<p>Title: <i>Strategic Planning for Decentralization of Population Programs in Sub-Saharan Africa</i></p> <p>Purpose: To provide a forum for reviewing the growing experiences of decentralization in Africa and other regions of the world.</p>	48 participants from 12 countries in Anglophone Africa

APPENDIX D

OPTIONS II In-Country and Other Training Activities			
Country	Date(s)	Objectives	Number / organizational affiliation of participants
Yemen	Spring / Summer 1991	To train participants on a bilingual (English/Arabic) desktop publishing system	Staff members from the Population Studies and Research Center of the Central Statistical Office
Morocco	August 1991	To train 5 staff members of the Ministry of Public Health in desktop publishing	5 MOPH staff members
Guatemala	February 24-29, 1992	To train representatives from all of the Guatemalan family planning organizations in the use of the Target Model	20 representatives from the Ministry of Health, IGSS, IPROFASA (Social Marketing Project), Schering, APROFAM, and USAID
Bolivia	April 5-May 2, 1992	<i>First Annual Workshop of the Interinstitutional Coordinating Committee for Reproductive Health</i> to train more than twenty senior management officials in the analysis and use of the family planning service delivery data generated by individual implementing agencies during the first quarter of 1992; this data aggregation and analysis was conducted using the QUIPUS Model	More than 20 senior management officials (training workshop was cosponsored by the National Coordinating Commission)
USA	June 1992	To train a staff member of the Moroccan Ministry of Public Health in desktop publishing in preparation for the Moroccan National Health Conference	1 MOPH staff member
Niger	June-July 1992	To train staff members of the Directorate of Population (DP) in desktop publishing	Staff members of the Directorate of Population
Guatemala	July 5-11, 1992	To train staff in the IEC and PR divisions of APROFAM in the use of PageMaker to build in-house desktop publishing capabilities	4 APROFAM staff members involved in preparing publications; these staff members came from various departments including PR, IET Unit, the Library, and the Systems Department

OPTIONS II In-Country and Other Training Activities			
Country	Date(s)	Objectives	Number / organizational affiliation of participants
Niger	October 1992	To train staff of the newly created Population Directorate in desktop publishing (for use in producing <i>Population Info</i> , wall charts, etc.)	Staff of the Population Directorate
Mali (CERPOD)	January 25-February 12, 1993	To provide technical assistance and training in desktop publishing technology and database design and management (esp. in MS Windows, Norton Desktop, Norton Utilities, Aldus PageMaker, Corel Draw, MS Publisher, MS Excel, and Paradox)	CERPOD staff members from the information, computer, training, and research divisions
Niger	February 15-17, 1993	To provide follow-up training in desktop publishing for the staff of the Population Directorate (esp. in Corel Draw, Corel Photo Paint, and PageMaker)	Staff of the Population Directorate
USA	April-May, 1993	To provide a consultant from Yemen with training in the preparation of Arabic language presentations, especially to address policy uses of DHS data	1 participant from Yemen
Indonesia	May-June, 1993	To train participants in the use of the Target-Cost Model	7 members of the staff of BKKBN (The National Family Planning Coordinating Board of Indonesia)
Peru (Lima)	June 8-12, 1993	To evaluate current and potential demand for family planning in the Lima region from a market-based, user perspective	20 (Participants from the Ministry of Health, Social Security Institute, Lima-based NGOs, National Population Council, National Statistics and Informatics Institute, and others)
Peru	June 9-11, 1993	To sponsor two participants for the Andean conference on adolescent fertility	2 sponsored by OPTIONS II

OPTIONS II In-Country and Other Training Activities			
Country	Date(s)	Objectives	Number / organizational affiliation of participants
Peru	June 14-18, 1993	To train participants in the use of demographic data for strategic planning (to evaluate for the Jose Carlos Mariategui region in southern Peru the current and potential demand for and supply of family planning)	Limited number of participants from the Ministry of Health, Social Security Institute, National Statistics and Informatics Institute, Ministry of the Presidency, and family planning NGOs
USA	August 2-21, 1993	To train two participants from Brazil in "Using Demography and Health Survey Data for Health Sector Reform" (seminar offered in Boston by the Harvard School of Public Health)	2 Brazilian participants nominated by USAID/Brazil
Peru	September 20-24, 1993	To train participants in the use of demographic data for strategic planning (to evaluate for the Inka region in Peru the current and potential demand for and supply of family planning)	Limited number of participants from the Ministry of Health, Social Security Institute, and other organizations
Jamaica	October 19-21, 1993	To train Jamaican demographers, statisticians, and family planning program managers in the use and application of the DEMPROJ and TARGET-COST models	8 Jamaican participants from the National Family Planning Board, Ministry of Health, Planning Institute of Jamaica, and the Statistical Institute of Jamaica
Ghana	October 20-November 4, 1993	To train Population Impact Project (PIP) staff in desktop publishing for the use in producing a semi-annual newsletter and other policy relevant documents	Population Impact Project staff members (1 senior level/3 junior level)
Peru	November 15-19, 1993	To train participants in the use of demographic data for strategic planning (to evaluate for the Chavin region in Peru the current and potential demand for and supply of family planning)	20 participants from the Ministry of Health, Social Security Institute, and other organizations

APPENDIX E

OPTIONS II Microcomputer Equipment Transfers			
Recipient Country	Organization	Date(s)	Equipment Transferred
Peru	Karen Foreit (resident OPTIONS II staff)	2/2/91	1 Panasonic fax machine
Peru	Karen Foreit (resident OPTIONS II staff)	3/21/91	1 LaserJet printer
Haiti	CONAPO	7/3/91	1 Kodak printer
Guatemala	IGSS	8/2/91	3 Compaq computers, 1 LaserJet printer
Peru	Karen Foreit (resident OPTIONS II staff)	8/20/91	1 Compaq computer
Morocco	Ministry of Public Health	8/23/91	7 Compaq computers, 6 Conner hard drives, 2 Dell VGA color monitors, 4 NEC monitors, 3 LaserJet printers, 2 ScanJet Plus printers
Niger	Susan Wright (OPTIONS II resident advisor)	9/18/91	1 LaserJet printer
Guatemala	IGSS	9/23/91	1 portable Canon copier
Yemen	Ministry of Planning	10/17/91	1 NView color palette
Mali	CERPOD	11/14/91	1 Dell portable disk drive, 1 Crystal Image Epson projector
Peru	The Population Council	4/15/92	1 Dell Computer, 1 Dell external disk drive
Peru	The Population Council	4/17/92	1 Conner hard drive
Niger	Susan Wright (OPTIONS II resident advisor)	6/4/92	1 Gateway monitor
Morocco	Ministry of Public Health	6/18/92	1 In Focus projector
Morocco	Ministry of Public Health	7/1/92	1 NEC monitor
Niger	Susan Wright (OPTIONS II resident advisor)	7/2/92	1 Gateway computer, 1 DeskJet printer, 1 OkiData printer
Jamaica	NFPB	9/22/92	1 Panasonic fax machine
Niger	Marilyn Wilkinson (OPTIONS II resident advisor)	12/14/92	1 NView color palette, 1 APCC peripheral, 1 Dukane overhead portable projector

OPTIONS II Microcomputer Equipment Transfers			
Recipient Country	Organization	Date(s)	Equipment Transferred
Mali	CERPOD	1/11/93	3 Gateway computers, 1 Colorado Jumbo disk drive, 3 Radius full page monitors, 1 DeskJet printer, 1 Okidata printer
Jamaica	NFPB	2/2/93	1 NView color palette
Niger	Marilyn Wilkinson (OPTIONS II resident advisor)	2/5/93	1 Samsung fax machine
Bolivia	CIES	2/9/93	1 Compaq computer
Jamaica	NFPB	2/12/93	1 Compaq computer, 1 Sysgen external disk drive, 1 NEC monitor, 1 LaserJet printer
Ghana	PIP	3/8/93	1 NView color palette
Ghana	PIP	4/27/93	1 NView color palette
Mexico	CONAPO	6/18/93	1 NView color palette, 1 Dukane overhead portable projector
Ghana	PIP	7/9/93	1 Dukane overhead portable projector

APPENDIX F

OPTIONS II International Leadership Activities			
Country or Region Addressed	Date(s)	Topic	Number of participants / Audience
Global (conference took place in the USA)	Winter 1992	<i>Globescope</i> (A meeting of the Global Tomorrow Coalition, an umbrella organization comprised of over 100 population and environmental organizations to prepare for the June 1992 UNCED Conference in Rio de Janeiro)	Committee of representatives from various population and environmental organizations; Committee recommendations for key population, environment, and development issues were then conveyed to the Secretariat for the UNCED Conference
Africa (presented in Uganda) *	May 8, 1992	<i>A Global Population Policy to Advance Human Development in the 21st Century: Sub-Saharan Africa</i>	Members of the Advisory Committee of the Global Coalition for Africa (GCA)
Africa (presented in Brazil)	June 1992	<i>A Global Population Policy to Advance Human Development in the 21st Century: Sub-Saharan Africa</i>	NGO leaders and official UNCED conference delegates (Rio de Janeiro)
Global (presented in India) *	October 1992	<i>Population, Environment and Development -- Water Resources</i>	Participants at the conference celebrating the 40th anniversary of IPPF
Global (presented in Jamaica)	October 30-November 1, 1992	<i>Strategies for Financing Family Planning Programs in Developing Countries: A Review of Recent Experience</i>	Participants at the Commonwealth Medical Association International Symposium and Training Workshop on Reproductive Health in Developing Countries
Global (presented in the United Kingdom)	January 1993	<i>World Population Growth</i>	British Prime Minister John Major
Africa (presented in Benin)	June 9-11, 1993	<i>African Population Programs: Status Report</i>	The annual meeting of the African Population Advisory Committee (APAC) of the Global Coalition for Africa (GCA)

OPTIONS II International Leadership Activities			
Country or Region Addressed	Date(s)	Topic	Number of participants / Audience
Africa *	June-July 1993	<i>The Impact of HIV/AIDS on Population Growth in Africa</i>	Global Coalition for Africa
Latin America (presented in the USA)	September 22, 1993	<i>Population and Development: Prospects for the Americas</i>	Total audience of approximately 45 people including the Board of Directors of the Rockefeller Foundation and Americas Society (Board is comprised of David Rockefeller and 25 prominent Latin American businessmen)
Global (presented in Japan) *	September 24, 1993	<i>Stabilizing World Population: Challenges for the Future</i> (OPTIONS II / IPPF collaborative presentation)	Japanese Parliamentarians
Africa (presented in Germany)	September 1993	<i>The Impact of HIV/AIDS on Population Growth in Africa</i> (related the impact of HIV/AIDS to population policy and the 1994 population conference in Cairo)	German Foundation
Africa (presented in Côte d'Ivoire)	September 1993	<i>African Population Programs: Status Report</i>	Africa Development Bank

* The scale of these presentations greatly exceeds that envisioned for the International Leadership Presentations in the original OPTIONS II contract. Furthermore, these presentations were made to representatives from multiple countries, and most were reprised in Washington to audiences of USAID staff, donors, and other CAs.

APPENDIX G

OPTIONS II POLICY FILES INFORMATION REQUESTS		
<i>Dates</i>	<i># Of Ad hoc* Requests</i>	<i># of Briefing Packets Requested</i>
April 1, 1993–September 30, 1993	77	150
October 1, 1992–March 31, 1993	120	300
April 1, 1992–September 30, 1992	107	300
October 1, 1991–March 31, 1992	67	200
April 1, 1991–September 30, 1991	45	50
October 1, 1990–March 31, 1991	60	100

Source: PRB, October 1993

- * Information requests from USAID Office of Population, USAID Missions, USAID Cooperating Agencies, the State Department, and other international organizations such as the United Nations and the World Bank. They do not include information requests from OPTIONS staff.

APPENDIX H

OPTIONS II Fellows				
Year	Name of Fellow	Gender	Region	Current Position
1991-1992	Francis Adeola	Male	Nigeria	Associate Professor, Southern University, Louisiana
	Ather Ahmed	Male	Pakistan	Senior Researcher Pakistan Institute for Development Economics
	Somaya El-Saadani	Female	Egypt	Instructor, Dept. of Population & Biostatistics Cairo University
	Alex Chika Ezech	Male	Nigeria	Rockefeller Fellow, University of Pennsylvania; will soon become a Research Fellow on the DHS Project
	Lui Gang *	Male	P.R. China	Graduate Student, Brown University
	Mei Han *	Female	P.R. China	Associate Research Scientist American Institutes for Research
	Lihua Liu *	Female	P.R. China	Graduate Student, University of Southern California
	Linda Mortezo	Female	Philippines	Research Associate, Ateneo de Zamboanga, Philippines
	John Nkuchia	Male	Kenya	Summer Intern, World Bank
	Inungu Ntein	Male	Zaire	Graduate Student, Tulane University
	Vijay Rao	Male	India	Senior Research Specialist, The Futures Group
	Durga Rauniyar	Female	Nepal	Graduate Student, Penn State University
	N. Sundaradevan	Male	India	Officer, Indian Administrative Service
1992-1993	Victor Agadjanian	Male	NIS	Researcher, Mozambique
	Clement Ahiadeke	Male	Ghana	Graduate Student, Cornell University
	Cornelius Debpuur	Male	Ghana	Researcher, Kassina-Mankana District Survey, Ghana
	Nafissatou Diop	Female	Senegal	Graduate Student, Université de Montréal
	Jean Kayitsinga	Male	Rwanda	Graduate Student, Michigan State University
	Paulina Khumbah	Female	Cameroon	Graduate Student, Texas Women's University
	Jiang Lin *	Male	P.R. China	Post Doctoral Fellow, University of Pennsylvania

OPTIONS II Fellows				
Year	Name of Fellow	Gender	Region	Current Position
	Anna Victoria Madamba	Female	Philippines	Graduate Student, Penn State University; will soon become a Research Fellow on the DHS Project
	Pierre Ngom	Male	Senegal	Graduate Student, University of Pennsylvania
	David Olaleye	Male	Nigeria	Graduate Student, University of Pennsylvania
	Lysander Padilla	Male	Philippines	Graduate Student, University of Southern California
	Rashida Quereshi	Female	Pakistan	Graduate Student, Kansas State University
	Rangsima Sirirangsi	Female	Thailand	Lecturer in Public Administration Dhurakijpundit University, Thailand
1993-1994	Bey Benhamadi	Male	Algeria	Graduate Student, Université de Montréal
	Indu Bhushan	Male	India	Graduate Student, Johns Hopkins University
	Ankila Chandran	Female	India	Graduate Student, Annenberg School of Communications, USC
	Mohan Chunkath	Male	India	Graduate Student, University of Southern California
	Linus Ettyang	Male	Kenya	Graduate Student, University of Southern California
	Fariyal Fikree, MD	Female	Pakistan	Senior Instructor, Community Health Services Aga Khan University
	Padma Karunaratne	Female	Sri Lanka	Graduate Student, Penn State University
	Madeleine Ocola	Female	Peru	Graduate Student, University of Tennessee
	Molelekeng Rapolaki	Female	Lesotho	Director of Economic Policy, Ministry of Planning, Lesotho
	Yih-Jin Young	Male	Taiwan	Graduate Student, University of Washington
	Eliya Zulu	Male	Malawi	Graduate Student, University of Pennsylvania

* Supported by the Hewlett Foundation

APPENDIX I

OPTIONS II Resident Advisors			
Country	Name	Dates	SOW
Expatriates:			
EGYPT ***	Dr. Warren Robinson	6/1/93 - 6/30/95	To support the Egypt national population and family planning program in its preparations for the 1994 UN conference on population
INDIA *	Dr. Harry Cross	3/1/93 - termination of project	To conduct follow up activities to the five research studies conducted under OPTIONS II in winter 1993; to assist policy dialogue between local counterparts and USAID
NIGER**	Ms. Susan Wright		To serve as the Population Program Coordinator for Niger
NIGER**	Dr. Marilyn Wilkinson	4/1/92 - 12/31/94	To serve as the Population Program Coordinator for Niger
USA, U.S. Department of State	Ms. Ellen Marshall	4/93 - 9/93	To strengthen the U.S. Department of State's initiatives in population and family planning
Local advisors:			
BOLIVIA**	Mr. Enrique Montanez (part-time)	3 - 6 months	To serve as the Program Coordinator in Bolivia for the QUIPUS MIS
BRAZIL *	Ms. Karen Lassner (part-time)	5/15/93 - 11/30/93	To assist in providing technical assistance for OPTIONS activities in Brazil, particularly in the ongoing and future strategic planning activities in the states of Ceara and Bahia
GHANA**	Mr. Harold Monger	5/10/93 - 5/31/94	To assist in the management of all OPTIONS research activities in Ghana

OPTIONS II Resident Advisors			
Country	Name	Dates	SOW
INDIA *	Dr. Gadde Narayana (part-time)	9/15/93 - 8/31/94	To provide technical assistance to OPTIONS II activities in India, especially focusing on strategic planning, resource allocation and private sector participation; to assist with research and implementation tasks for the Innovations in Family Planning Services (IFPS) Project
JAMAICA**	Ms. Marian Kenneally	4/19/93 - 4/15/94	To serve as the Programme and Advocacy Coordinator under the OPTIONS II Jamaica buy-in
MEXICO * (proposed)	To be determined	9/93 - termination of project	To coordinate OPTIONS II technical assistance to COESPOS; to conduct analyses on the costs of family planning in the public sector and potential for private sector involvement
MOROCCO (proposed)	To be determined	9/93 - 9/95	To coordinate all OPTIONS II policy activities in Morocco
PERU *	Mr. Julian Antezana	9/93 - 11/94	To support the Peru national population and family planning program in its preparations for the 1994 UN conference on population

* Core-funded resident advisors

** Buy-in funded resident advisors (75%)

*** Combination of core and buy-in funds (25%)

RESIDENT ADVISORS

COUNTRY	NAME	% CORE	% BUY-IN	International Resident Advisors with support package
Egypt	Dr. Warren Robinson	75%	25%	X
India	Dr. Harry Cross	100%	0%	X
Niger	Susan Wright (previous)	0%	100%	X
Niger	Dr. Marilyn Wilkonson	0%	100%	X
Bolivia	Enrique Montanez*	0%	100%	
Brazil	Karen Lassner*	100%	0%	
Ghana	Harold Monger	0%	100%	
India	Dr. Gadde Narayana*	100%	0%	
Jamaica	Marian Kenneally	0%	100%	
Peru	Dr. Julian Antezana	100%	0%	

* Part-time advisers

Evaluation Matrix for CERPOD

Evaluation Matrix for Brazil

Evaluation Matrix for Niger

APPENDIX K

DESCRIPTION OF OPTIONS II ACTIVITIES THROUGH FY93
BY MANDATE AREA AND COUNTRY

APPENDIX L

APPENDIX L

APPENDIX L

APPENDIX L